

Milwaukee County EMS Dispatch Guidelines and Pre-arrival Instructions 3-Tiered Response (With Non-lights & Siren Option)

Updated, Reviewed and Approved by:

Ronald G. Pirrallo, MD, MHSA

Director of Medical Services

Charles E. Cady, MD

Assistant Director of Medical Services

Milwaukee County EMS

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Original prepared by: Milwaukee Fire Department
Bureau of Technical Services
Communications Section
Deputy Chief Darrell Moore
Chief Dispatcher Anthony Stanford
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TO BE DETERMINED ON ALL CALLS

ASK:

1. Milwaukee Fire Department, where is the emergency?

ANSWER: (verify location)

2. What's the phone number you are calling from?

ANSWER: (verify callback number)

3. What's the problem, tell me exactly what happened? *****

ANSWER: (if not obvious) Are you with the patient now? (PAls required if YES)

ASK: Is the person breathing normally?

1. No **ALSAC**
(See CPR Instructions)

ANSWER: Yes / don't know

ASK: Is the person awake now?

[illegible]

ANSWER: No / don't know

ASK: (If it's safe to do so,) See if the person is breathing and awake, then return to the phone and tell me.

1. No / can't / will not (Unconfirmed) ----- **BLSAC**
(See Unconscious Instructions)

2. Yes, still no response (Confirmed unconscious) ----- **ALSAC1**
(See Unconscious Instructions)

3. Yes, person is coming to / in & out of consciousness ----- **BLSAC1**
(See Unconscious Instructions)

***** IF ANSWER IS “CHOKING,” CODE BLSCK AND GO IMMEDIATELY TO *CHOKING* PROTOCOL
 IF ANSWER IS “DECEASED,” CODE BLSDOA AND GO IMMEDIATELY TO *DECEASED / ASSISTANCE WITH BODY*
 IF ANSWER IS “DROWNING,” CODE ALSDR AND GO IMMEDIATELY TO *DROWNING* PROTOCOL
 IF ANSWER IS “ELECTROCUTION,” CODE BLSEL AND GO IMMEDIATELY TO *ELECTROCUTION* PROTOCOL
 IF ANSWER IS “SEIZURE,” GO IMMEDIATELY TO *SEIZURE* PROTOCOL

ABDOMINAL PAIN / STOMACH COMPLAINT

ASK: Is the person pregnant? (If the complainant is female)

1. Yes ➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤ See LABOR / OB / DELIVERY / MISCARRIAGE PROTOCOL

ANSWER: No / don't know

ASK: Is anything else wrong?

ANSWER:

1. No / don't know ----- **PRIAP**

[illegible]

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

Nothing to eat or drink.
If you (patient) must use the toilet, don't flush.

No/won't/can't

Ok, I'm sending help.

If caller is with patient, or if patient is in residence *and* able to do so:

(appropriate)

Turn on the porch light and meet the help at the door.
If there is a dog, please put it away.
Gather all your (patient's) medications and/or list of medications.
Rest (Keep patient) in a comfortable position, sitting up may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call back for further instructions.

I'm sending help.

ALLERGIC REACTION

ASK: Is the person having trouble breathing / wheezing / having difficulty swallowing?

1. Yes ----- **ALSAR**
2. No ----- **PRIAR**
3. Don't know ----- **BLSAR**
4. (Listen for previous reaction or used own "Epi-pen") ----- **ALSAR1**

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

If caller is with patient, or if patient is in residence *and* able to do so:

(appropriate)

Turn on the porch light and meet the help at the door.

If there is a dog, please put it away.

Gather all your (patient's) medications and/or list of medications.

Rest (Keep patient) in a comfortable position, sitting up may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call back for further instructions.

I'm sending help.

No/won't/can't

Ok, I'm sending help.

INSECT STINGS

Brush the stinger off, if possible. Do not attempt to grasp stinger.

Apply ice to sting.

ASSAULT / SEXUAL ASSAULT / BATTERY

ASK: What are the patient's injuries?

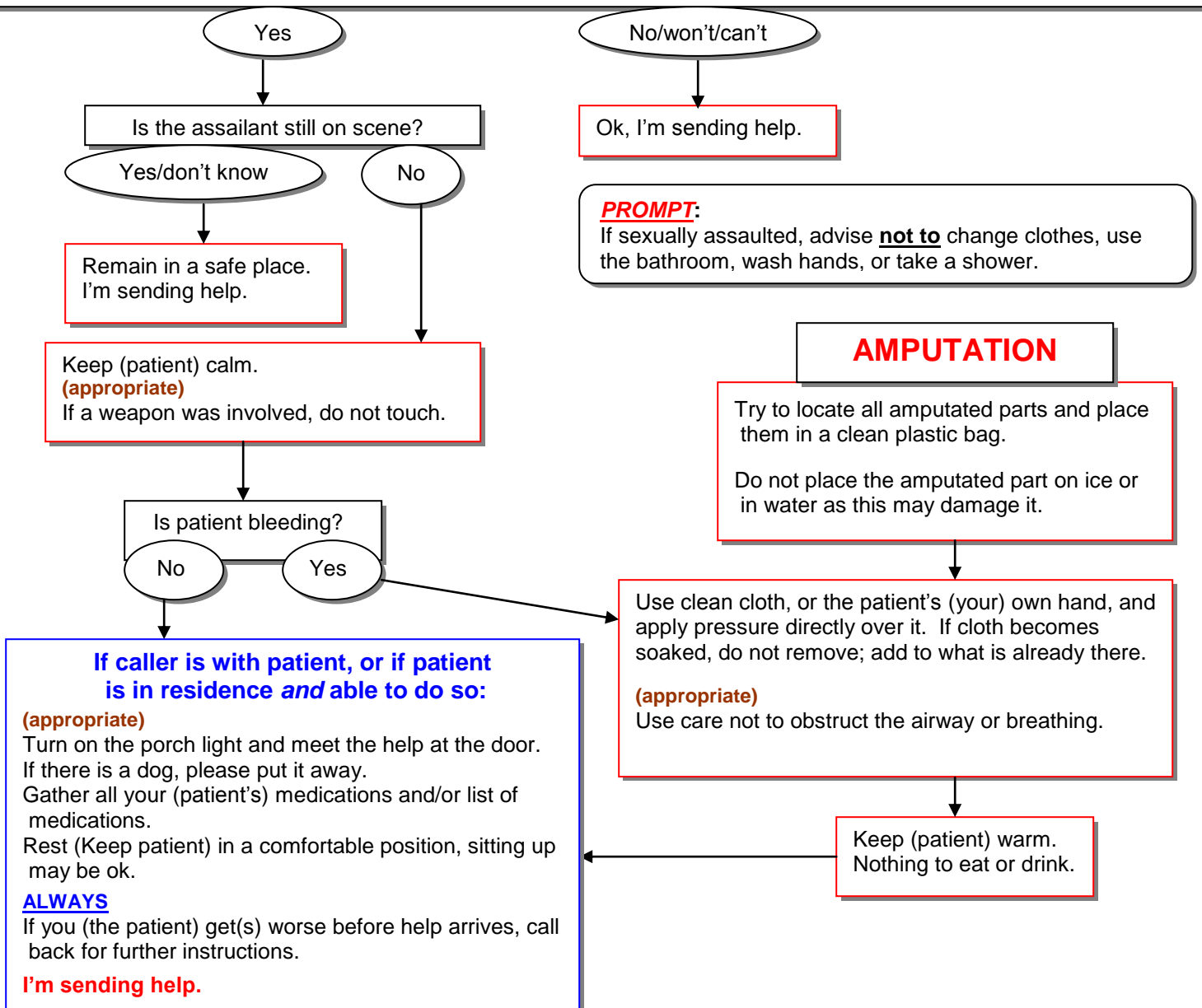
1. (Minor bruises, broken bones, cuts, scrapes, etc.) ----- **PRISA**
2. (Listen for other complaint) ➤➤➤➤➤➤➤➤➤➤➤➤➤➤ **See appropriate chief complaint**
3. (Listen for uncontrolled bleeding / amputation / unknown) ----- **BLSSA**
4. (Listen for seizures) ----- **ALSSA**

(See SEIZURE PROTOCOL)

****Note**: Notify the Police**

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.



ASSIST PATIENT

ASK: Does the patient have any other complaints?

1. No / don't know **BLSPA**

[illegible]

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

No/won't/can't

If caller is with patient, or if patient is in residence *and* able to do so:

(appropriate)

Turn on the porch light and meet the help at the door.

If there is a dog, please put it away.

Gather all your (patient's) medications and/or list of medications.

Rest (Keep patient) in a comfortable position, sitting up may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call back for further instructions.

I'm sending help.

Ok, I'm sending help.

BLEEDING – Non-Trauma

ASK: Where is the person bleeding?

ANSWER:

1. Vomiting / rectal / unknown / other -----PRIBL
2. (Listen for uncontrolled or can't stop the bleeding) -----BLSBL

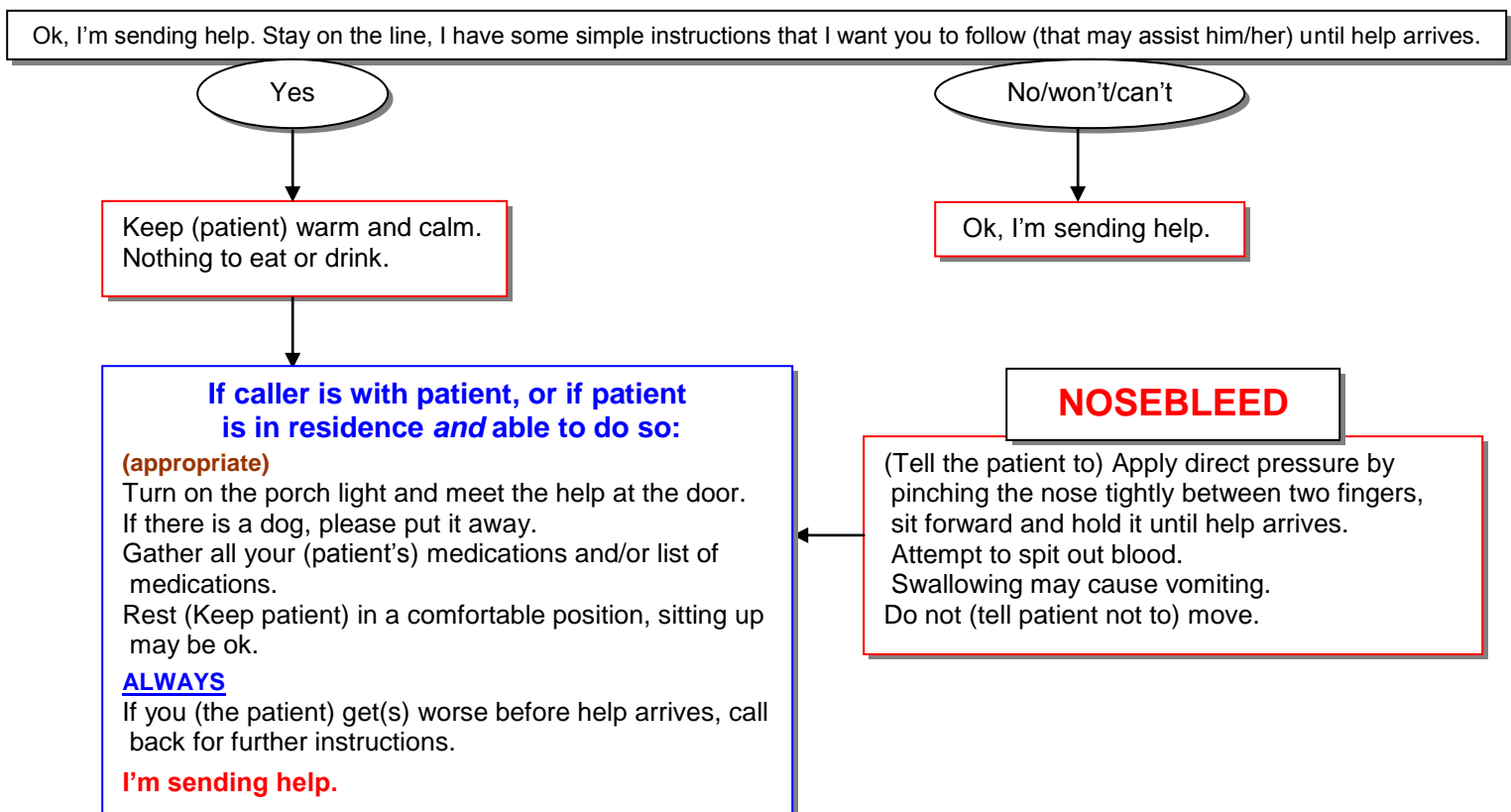
ANSWER: Vaginal

ASK: Is the person pregnant?

- [illegible]

****Note**: If bleeding is the result of trauma, go to Trauma Protocol.**

PRE-ARRIVAL INSTRUCTIONS



BREATHING DIFFICULTY

ASK: How old is the person?

1. Age 50 and over **ALSDB**
2. Age under 50 / don't know **BLSDB**
3. (Listen for: asthma, wheezing, emphysema, allergic reaction, history of heart problems, tracheotomy, C.O.P.D., chest pains and age 40 and over) **ALSDB1**

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

Keep (patient) calm.
Do not exert him/her/yourself.

No/won't/can't

Ok, I'm sending help.

**If caller is with patient, or if patient
is in residence *and* able to do so:**

(appropriate)

Turn on the porch light and meet the help at the door.
If there is a dog, please put it away.
Gather all your (patient's) medications and/or list of medications.
Rest (Keep patient) in a comfortable position, sitting up may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call back for further instructions.

I'm sending help.

BURNS

ASK: How was the person burned?

ANSWER: Electrical / electrocution ----- **BLSEL**

(See **ELECTROCUTION PROTOCOL**)

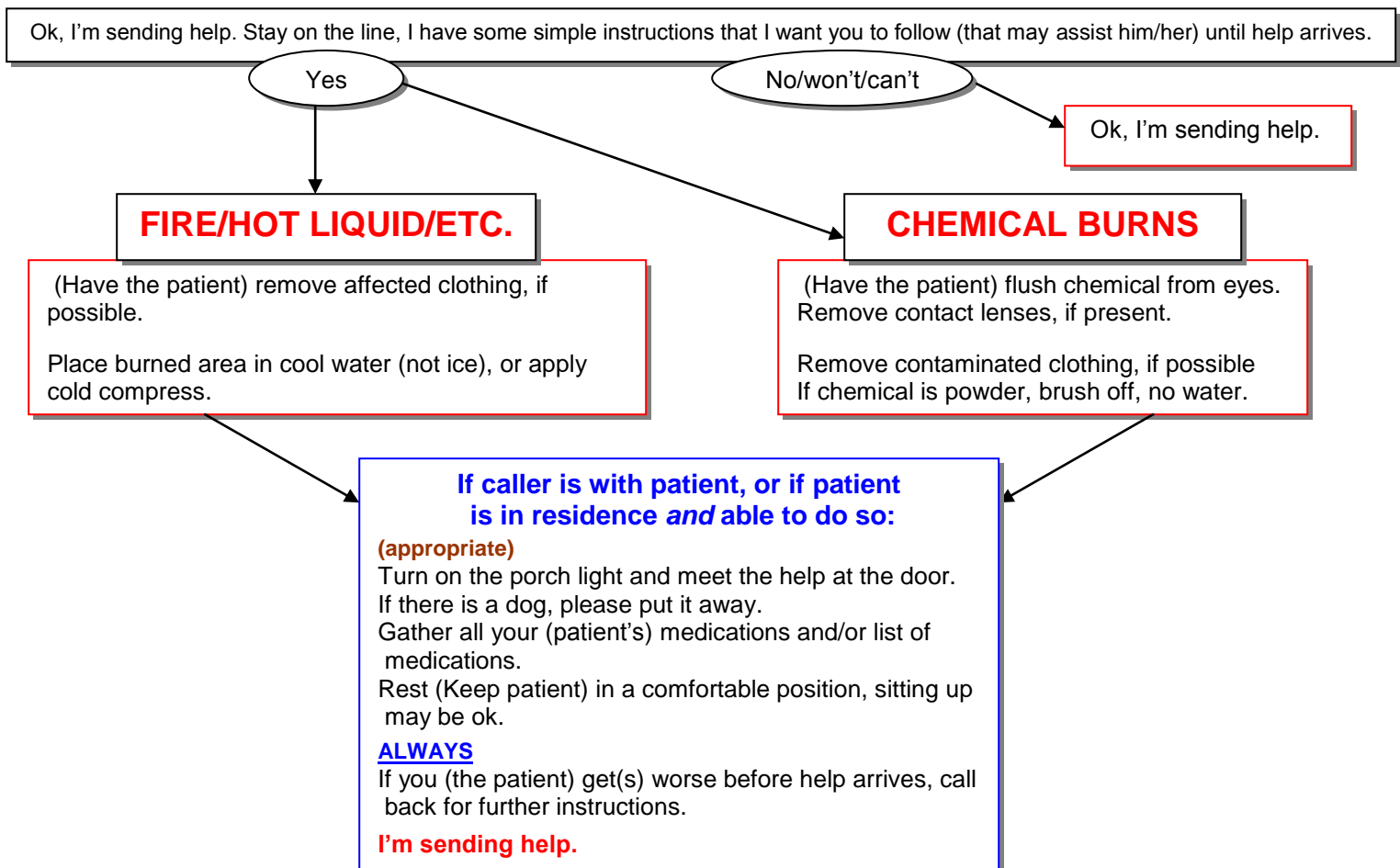
ANSWER: Non-electrical

ASK: What parts of the body were burned?

- | | |
|--|---------------|
| 1. Large area / face or mouth (airway) ----- | ALSBR |
| 2. Small area ----- | PRIBR |
| 3. Unknown ----- | BLSBR |
| 4. (Listen for burned infant – ages 0-1 years old) ----- | ALSBR1 |

****Note**:** Consider HAZMAT response for report of chemical spill.

PRE-ARRIVAL INSTRUCTIONS



CHEST PAIN (TIGHTNESS – PRESSURE)

ASK: Does the person have a heart problem?

1. Yes **ALSCP1**

ANSWER: No / don't know

ASK: How old is the person?

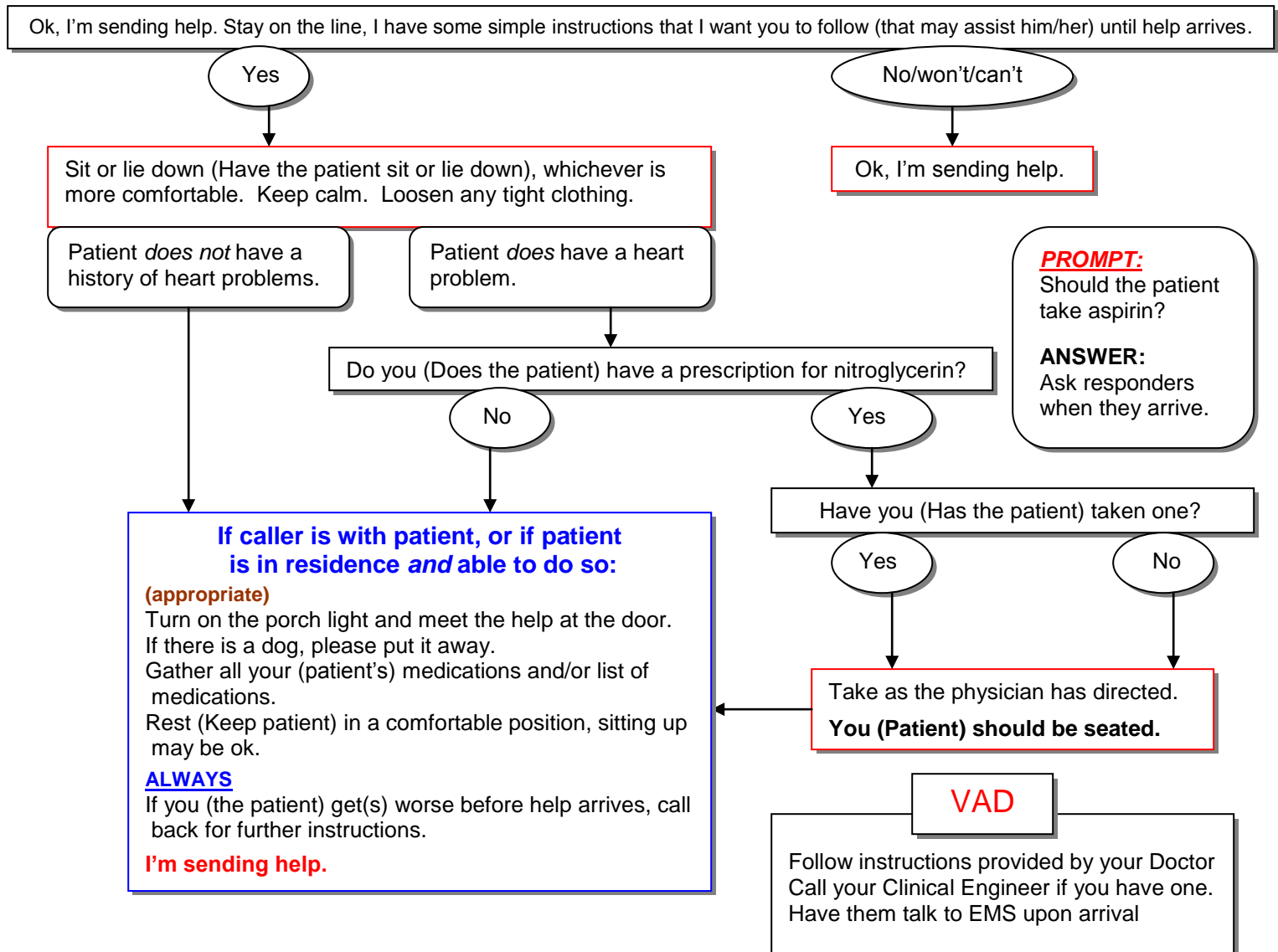
ANSWER:

1. Age 40 and over **ALSCP**

2. Under 40 / don't know **BLSCP**

3. (*Listen for:* use of cocaine, diabetes, Automated Implanted Cardiac
Defibrillator [AICD] has fired / VAD) **ALSCP2**

PRE-ARRIVAL INSTRUCTIONS



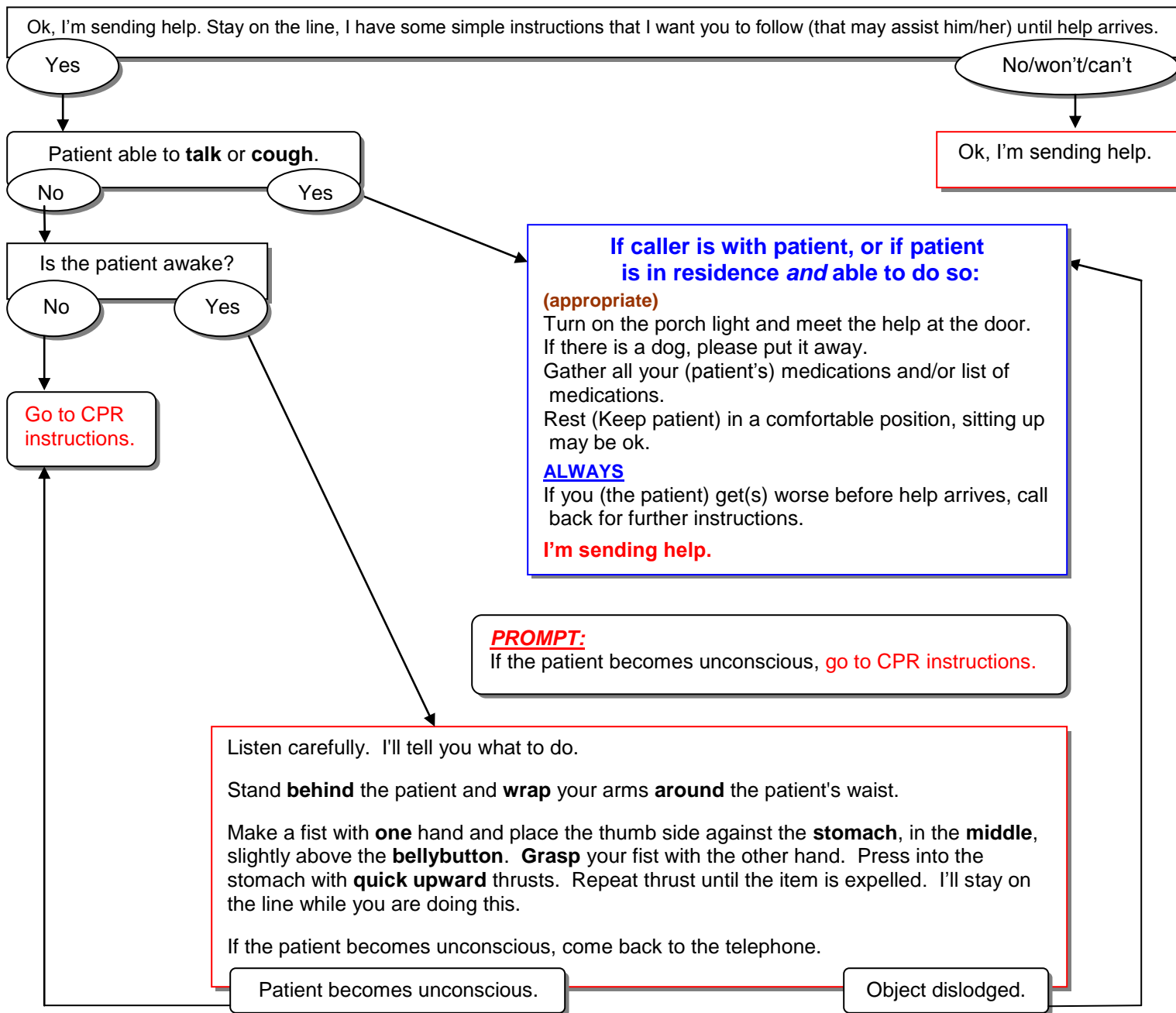
CHOKING

ASK: Is the patient able to talk or cough?

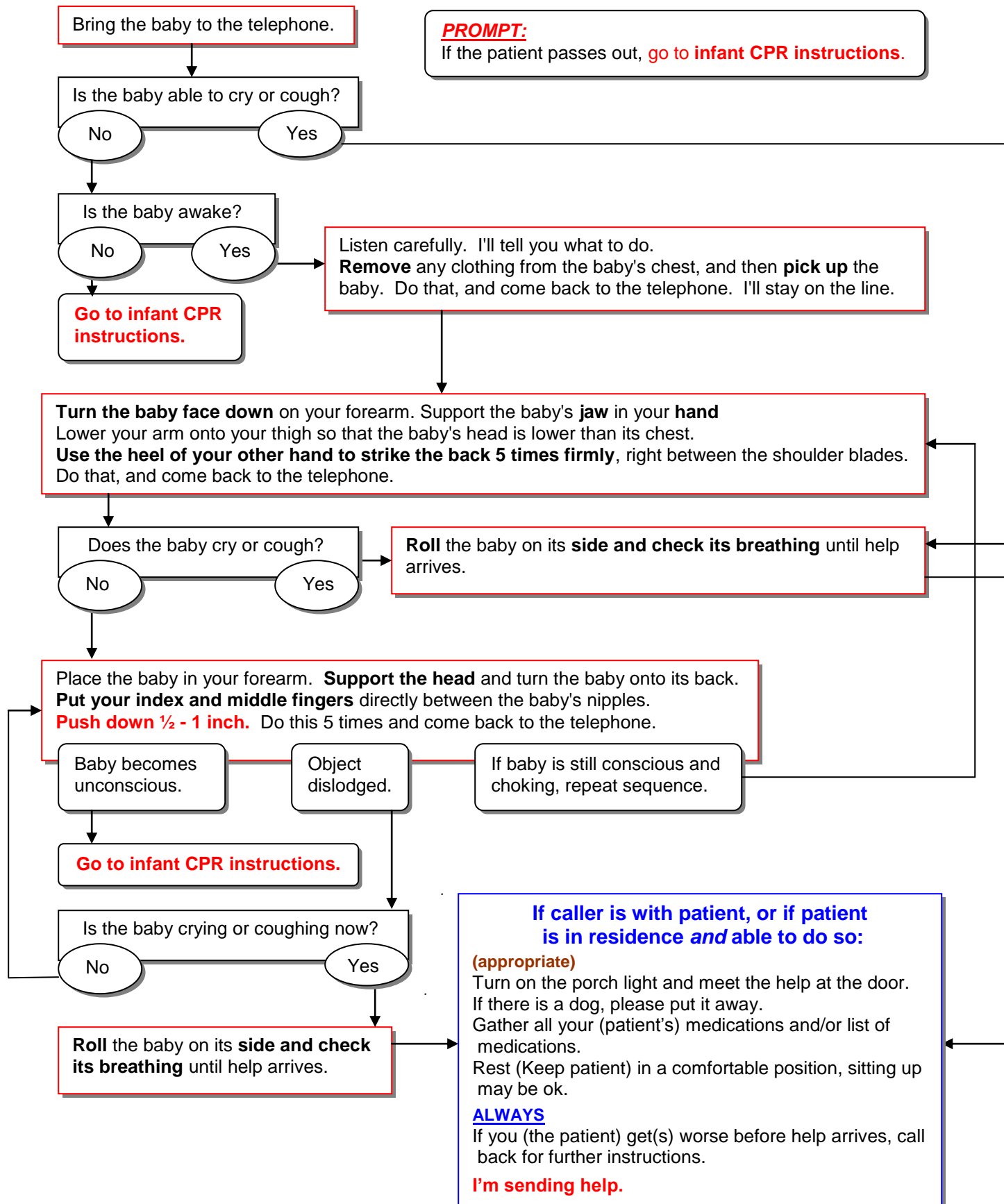
1. Yes ----- **BLSCK**
2. No ----- **ALSAC2**

Note: (Listen for not breathing) ➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤ See CPR instructions

PRE-ARRIVAL INSTRUCTIONS (Adult - 2 years old and older)



CHOKING INFANT (0-1 YRS) INSTRUCTIONS



DECEASED / ASSISTANCE WITH BODY

ASK: How do you know the person has died?

1. Body is cold / stiff / decomposed / decapitated etc. ----- **BLSDOA**
2. Don't know for sure

ASK: Is the person breathing?

1. No **ALSAC**
(See CPR Instructions)

ANSWER: Yes / don't know

ASK: Is the person awake now?

- [illegible]

ANSWER: No / don't know

ASK: Can / will you try to wake the person?

1. No / can't / will not (Unconfirmed) ----- **BLSAC**
(See Unconscious instructions)
2. Yes, still no response (Confirmed unconscious) ----- **ALSAC1**
(See Unconscious Instructions)
3. Yes, person is coming to / in and out of consciousness ----- **BLSAC1**
(See Unconscious Instructions)

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

No/won't/can't

If caller is with patient, or if patient is in residence *and* able to do so:

(appropriate)

Turn on the porch light and meet the help at the door.
If there is a dog, please put it away.
Gather all your (patient's) medications and/or list of medications.
Rest (Keep patient) in a comfortable position, sitting up may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call back for further instructions.

I'm sending help.

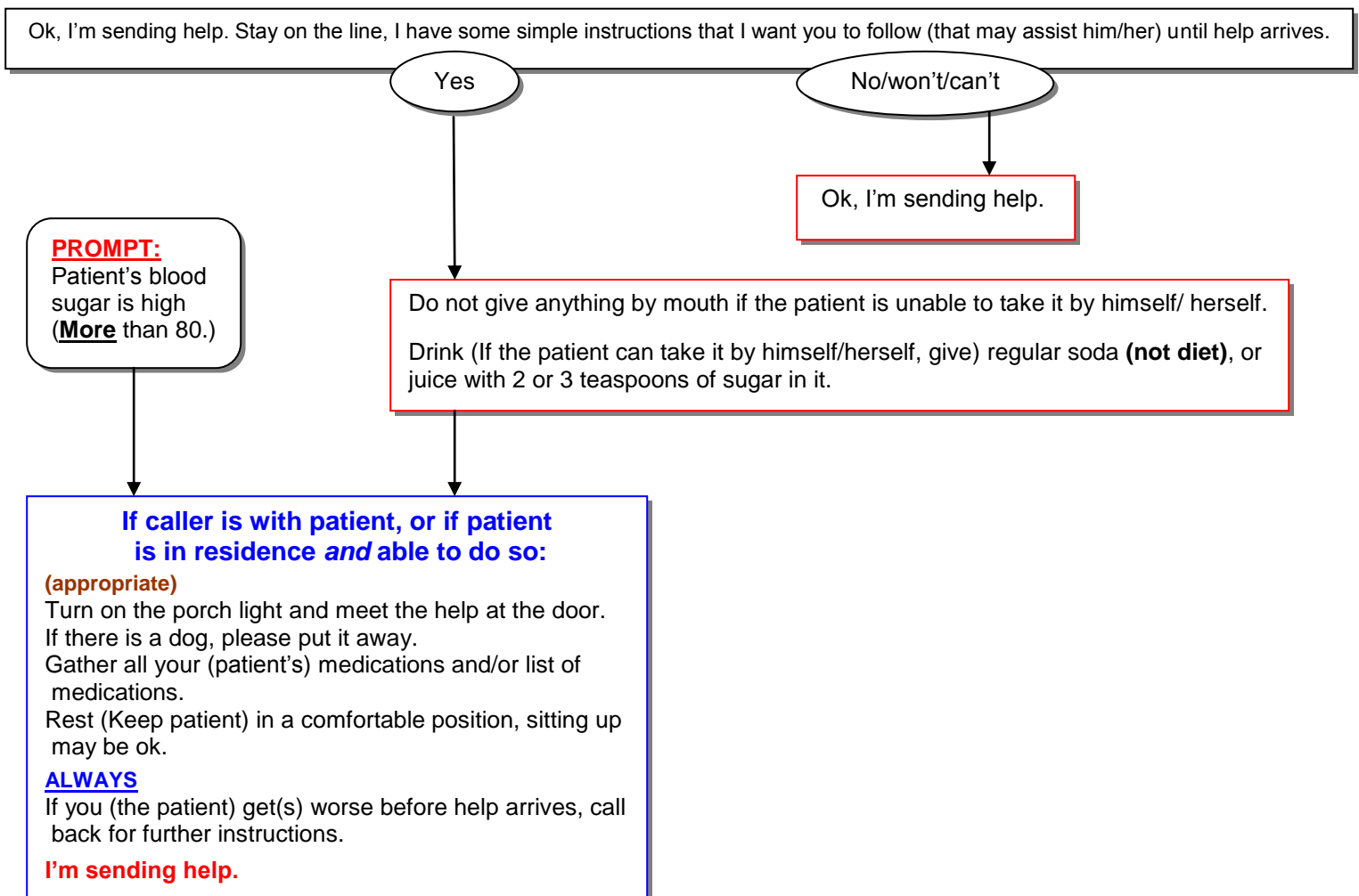
Ok, I'm sending help.

DIABETIC

ASK: What is the patient's condition now?

1. (Listen for: not acting normally, chest pains, nausea, vomiting, sweating, seizures, blood sugar greater than 400 or less than 80) ----- **ALSDI**
 2. (Listen for: age greater than or equal to 50 with one of the following: back, arm, neck or jaw pain.) ----- **ALSDI**
 3. Don't know / other ----- **BLSDI**
-

PRE-ARRIVAL INSTRUCTIONS



DROWNING

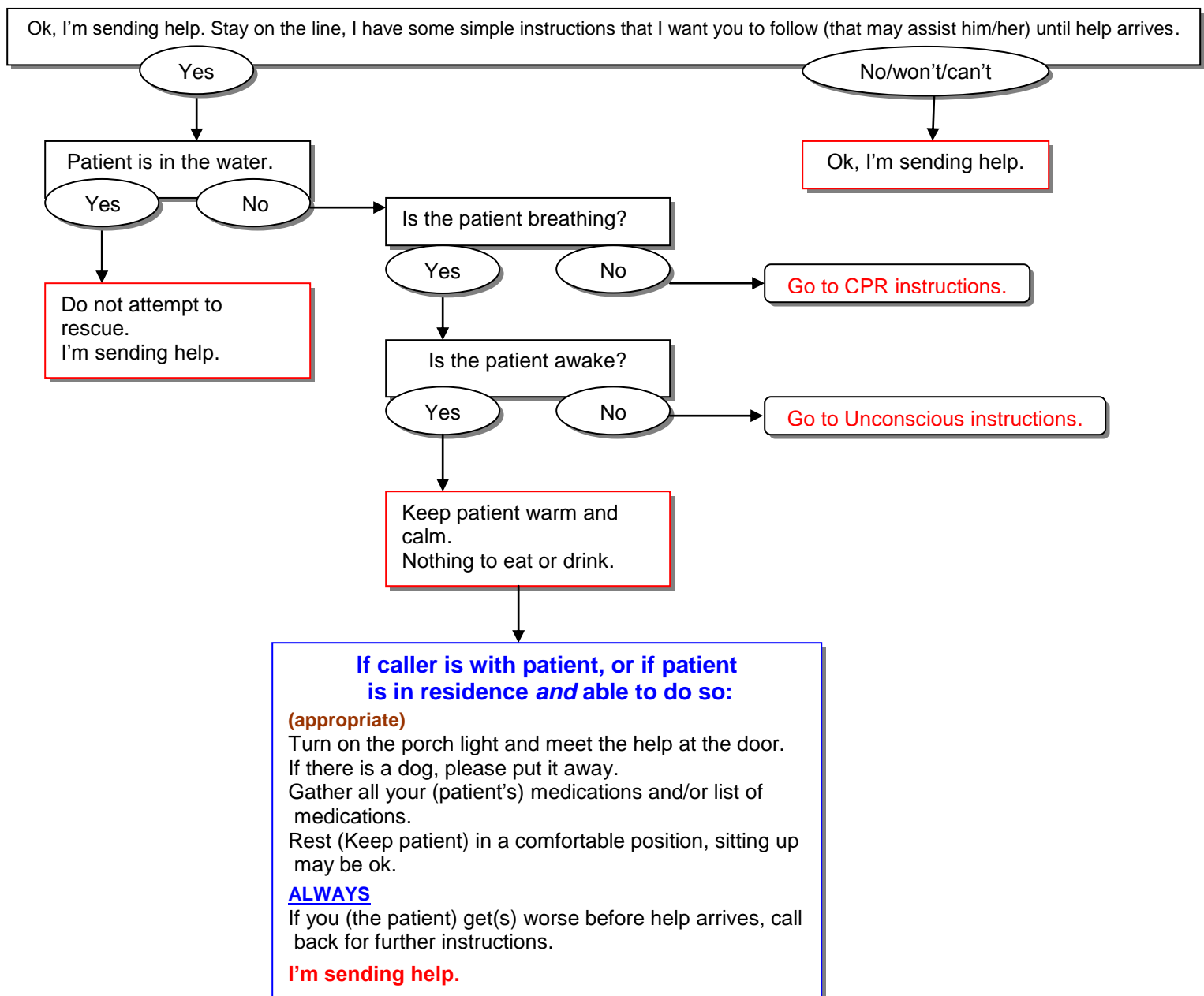
ASK: Where is the patient?

1. (Listen for "party in river, lake, etc.") **FDIVE**

2. (Listen for in swimming pool / water) **ALSDR**

****Note**:** Notify the Police

PRE-ARRIVAL INSTRUCTIONS



ELECTROCUTION

ASK: How was the person injured or shocked?

ANSWER: Electrical / electrocution ----- **BLSEL**

ANSWER: Non-electrical ----- **(See Burns instructions)**

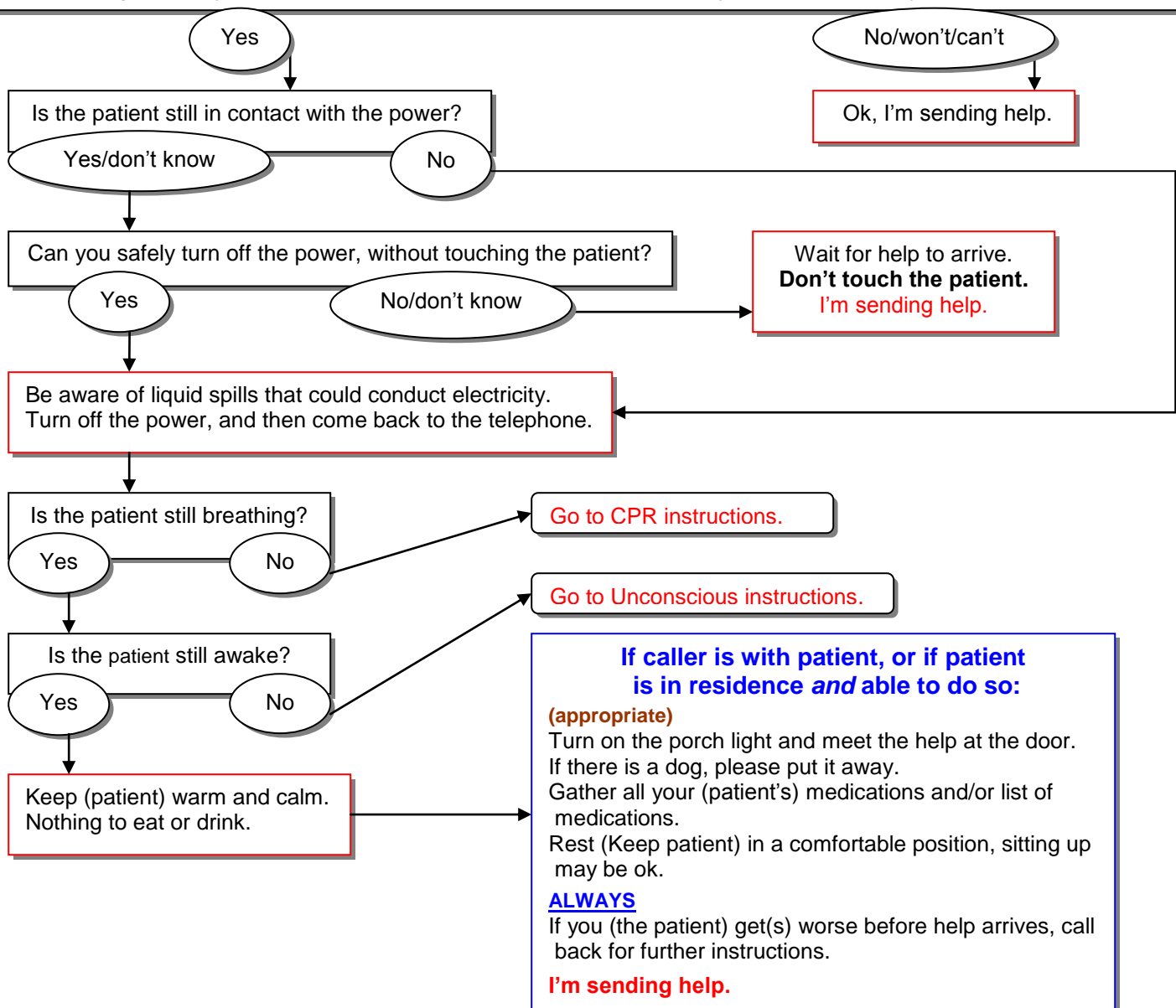
(Listen for patient not breathing) ----- **ALSAC**

(See CPR instructions)

****Note**:** Notify the Police

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.



FALLS

ASK: How far did the person fall?

1. 20 feet or greater **ALSFL**
2. Unknown height **BLSFL**
3. (Listen for fall from 2nd story or higher) **ALSFL**

ANSWER: Less than 20 feet

ASK: What's wrong with the person? ➤➤➤➤➤➤➤➤ **See appropriate chief complaint**

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

Is the patient bleeding?

No

Yes

Do not move (the patient).
Keep (patient) warm and calm.
Nothing to eat or drink.

No/won't/can't

Ok, I'm sending help.

Use clean cloth or your (the patient's) own hand, and apply pressure directly over it. If cloth becomes soaked, do not remove; add to what is already there. **(appropriate)**
Use care not to obstruct the airway or breathing.

If caller is with patient, or if patient is in residence *and* able to do so:

(appropriate)

Turn on the porch light and meet the help at the door.
If there is a dog, please put it away.
Gather all your (patient's) medications and/or list of medications.
Rest (Keep patient) in a comfortable position, sitting up may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call back for further instructions.

I'm sending help.

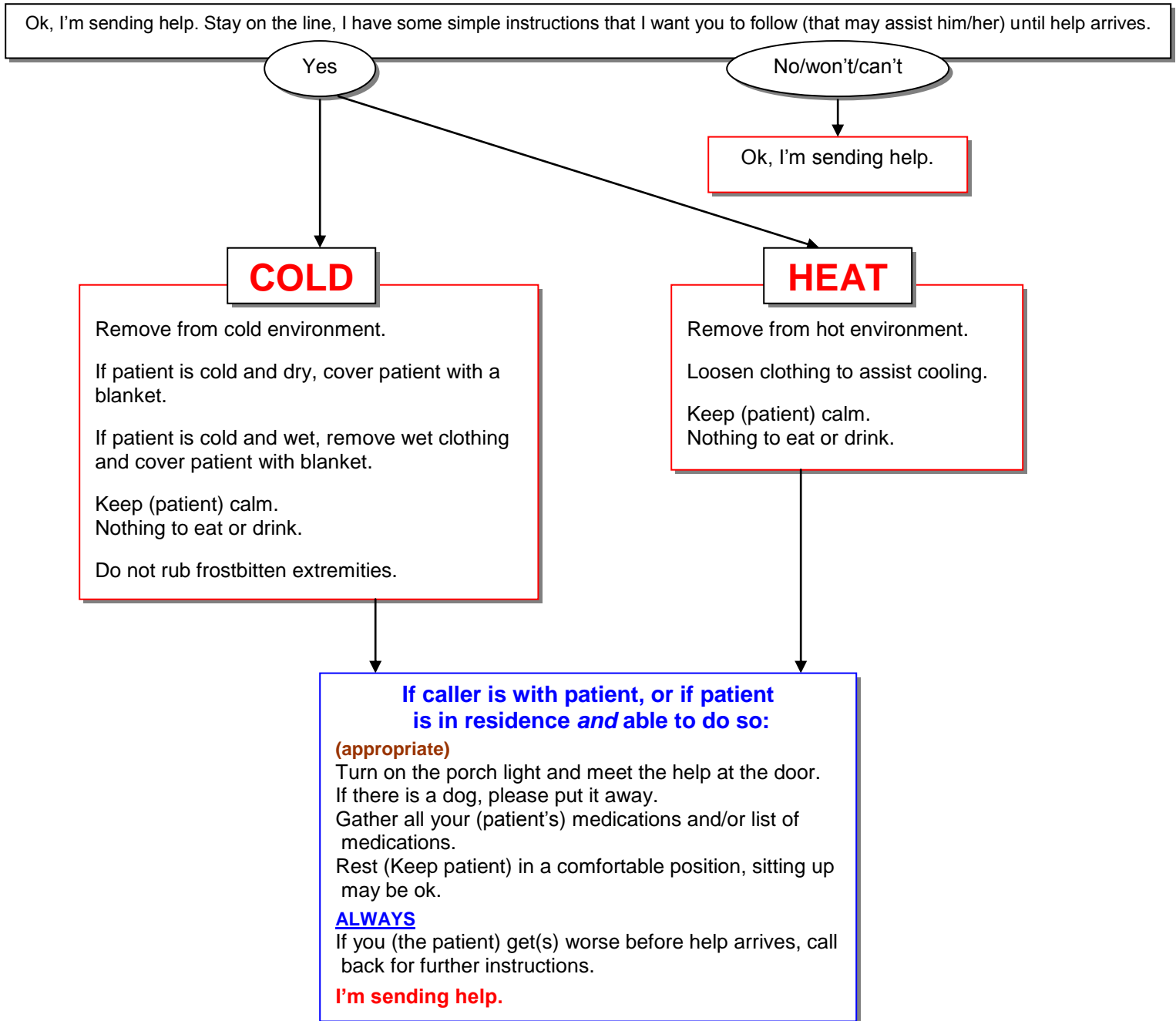
HEAT / COLD EXPOSURE

ASK: Is anything else wrong?

1. No / Don't know **PRIEX**

ANSWER: Yes ➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤ see appropriate chief complaint

PRE-ARRIVAL INSTRUCTIONS



HOME MEDICAL EQUIPMENT

1. (Listen for: malfunction of or alarm on apnea monitor, ventilator or IV pump, Automated Implanted Cardiac Defibrillator [AICD] has fired, VAD)----- **ALSHM**
2. (Listen for trouble with or out of home oxygen) ----- **PRIHM**

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

Keep (patient) calm.
Do not exert him/her/yourself.

Follow instructions provided by your Doctor
Call your clinical Engineer if you have one.
Have them talk to EMS upon arrival

Prepare medical equipment for possible transport.

No/won't/can't

Ok, I'm sending help.

**If caller is with patient, or if patient
is in residence *and* able to do so:**

(appropriate)

Turn on the porch light and meet the help at the door.
If there is a dog, please put it away.
Gather all your (patient's) medications and/or list of
medications.
Rest (Keep patient) in a comfortable position, sitting up
may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call
back for further instructions.

I'm sending help.

LABOR / OB / DELIVERY / MISCARRIAGE

1. (Listen for: baby already delivered) -----ALSLD
(See Child Already Delivered instructions)

2. (Listen for: delivery in progress) -----ALSLD
(See Delivery in Progress instructions)

ASK: How far along is the person?

1. Full term (33 weeks and over) -----PRILD
(See Labor/Childbirth instructions)

2. Less than 5 months (20 weeks) / don't know -----PRILD1
(See Labor/Childbirth instructions)

ANSWER: 5 to 8 months (20 to 32 weeks)

ASK: Is she having contractions?

1. No/don't know -----PRILD1
(See Labor/Childbirth instructions)

ANSWER: Yes

ASK: How far apart are the contractions?

1. 5 minutes or less -----ALSLD1
(See Labor/Childbirth instructions)

ANSWER: More than 5 minutes apart / don't know

ASK: Is there a strong urge to push?

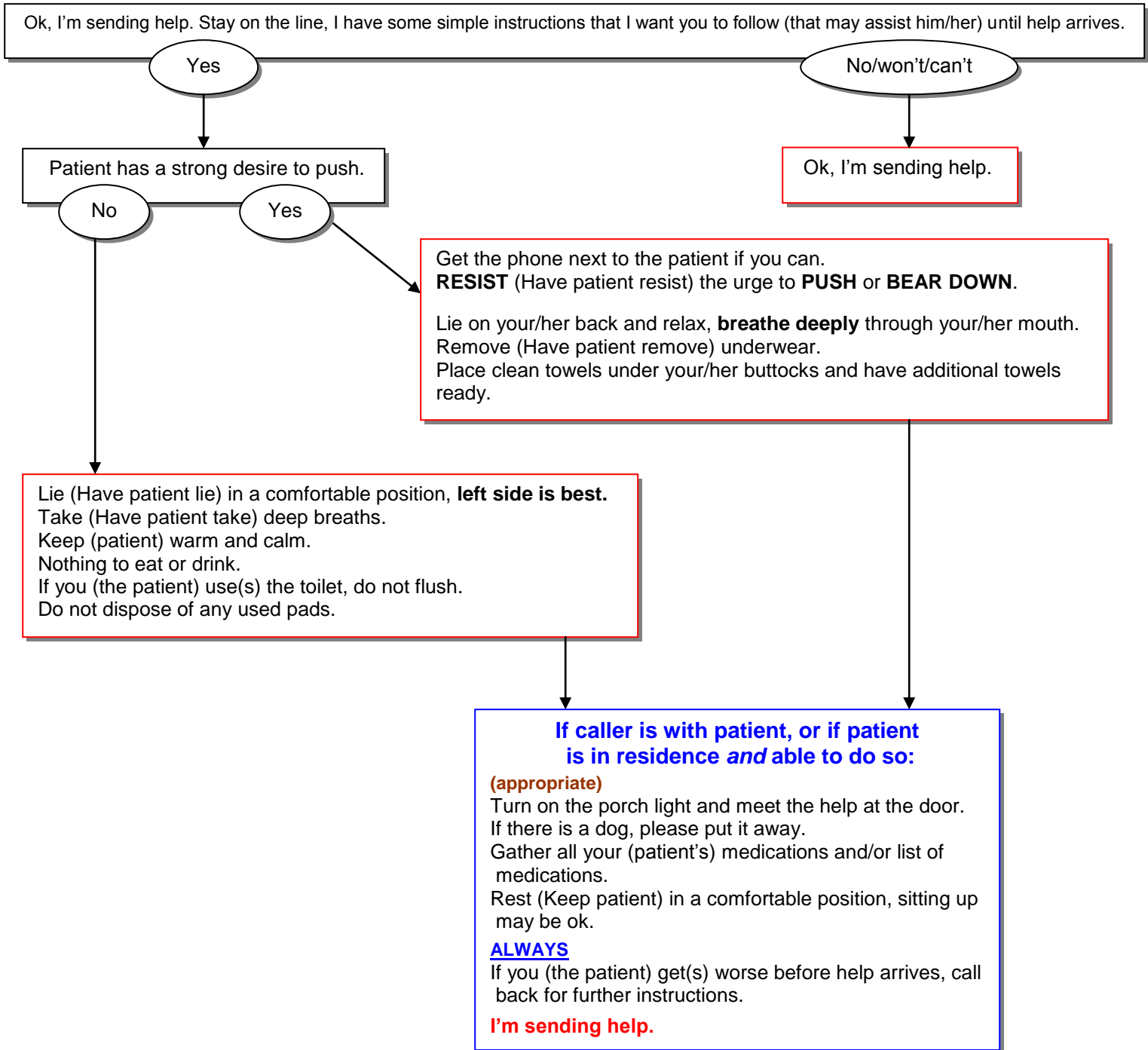
2. Yes -----ALSLD1
(See Labor/Childbirth instructions)

3. No/don't know -----PRILD2
(See Labor/Childbirth instructions)

4. (Listen for: seizures*, toxemia, high blood pressure, uncontrolled bleeding, placenta previa, ectopic pregnancy, or eclampsia) -----ALSLD2
(See Labor/Childbirth instructions)

* Go to Seizure instructions

LABOR / CHILDBIRTH PRE-ARRIVAL INSTRUCTIONS



DELIVERY IN PROGRESS PRE-ARRIVAL INSTRUCTIONS

PROMPT: SHE STARTS TO DELIVER (baby's head appears)

If the baby head's appears first, **cradle** it and the rest of the baby as it is delivered.

Do not push or pull.

There will be water and blood with delivery. This is normal.

When the baby is delivered, **clean** out its' **mouth** and **nose** with a **clean dry cloth**.

Do not attempt to **cut** or **pull** the cord.

Wrap the baby in a dry blanket, a towel, or whatever is handy, and place it between the mother's legs on the floor. Massage the mother's lower abdomen very gently.

If the baby **does not start breathing** on its own, rub its back or gently slap the soles of its feet.

If the baby **does not** begin to breathe **immediately**, come back to the telephone.

Complications with delivery.

Baby delivered and breathing.

Baby delivered and **not breathing**.

Go to infant CPR instructions.

When the placenta (tissue on the other end of the umbilical cord) is delivered, wrap it in a dry blanket or towel. This delivery may take as long as twenty minutes.

Keep the placenta **level** with or **slightly above** the baby.

I'll stay on the line.

If there are any complications (leg, arm, buttocks, or umbilical cord presenting), **reassure** the mother. Tell her that we're sending help.

Ask her to **relax** and **breathe** through her **mouth**.

Tell her **not to push**.

I'll stay on the line.

CHILD ALREADY DELIVERED PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

No/won't/can't

Ok, I'm sending help.

Clean out the baby's mouth and nose with a clean, dry cloth.

Do not attempt to cut or pull the cord.

Wrap the baby in a dry blanket, a towel, or whatever is handy, and place it between the mother's legs on the floor. Massage the mother's lower abdomen very gently.

If the baby **does not** start breathing on its own, rub its back or gently slap the soles of its feet.

If the baby **does not** begin to breathe, **immediately**, come back to the phone.

Complications with delivery.

Baby delivered and breathing.

Baby delivered and **not breathing**.

Go to infant CPR instructions.

When the placenta (tissue on the other end of the umbilical cord) is delivered, **wrap it in a dry blanket or towel**. This delivery may take as long as twenty minutes.

Keep the placenta **level** with or **slightly above** the baby.

If there are complications (leg, arm, buttocks, or umbilical cord presenting):

Reassure the mother. Tell her help is on the way.

Ask her to **relax** and **breathe** through her **mouth**.

Tell her **not to push**.

I'll stay on the line.

If caller is with patient, or if patient is in residence and able to do so:

(appropriate)

Turn on the porch light and meet the help at the door.

If there is a dog, please put it away.

Gather all your (patient's) medications and/or list of medications.

Rest (Keep patient) in a comfortable position, sitting up may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call back for further instructions.

I'm sending help.

(Have patient) lie in a comfortable position, **left side is best**.
Take deep breaths.
Keep warm and calm.
Nothing to eat or drink.
If you (the patient) use(s) the toilet, do not flush.
Do not dispose of any used pads.

DOCTOR, NURSE, EMT, OR PHYSICIAN ASSISTANT REQUESTS EMERGENCY MEDICAL ASSISTANCE

ASK: What do you need?

ANSWER: Paramedics / ambulance / other

ASK: What's wrong with the person? ➤➤➤➤➤➤➤ **See appropriate chief complaint**

ANSWER: MED unit only

ASK: Where is the patient?

ANSWER: medical clinic, hospital, special event, or with County

Fire Department on-duty personnel ----- **MEDMF**

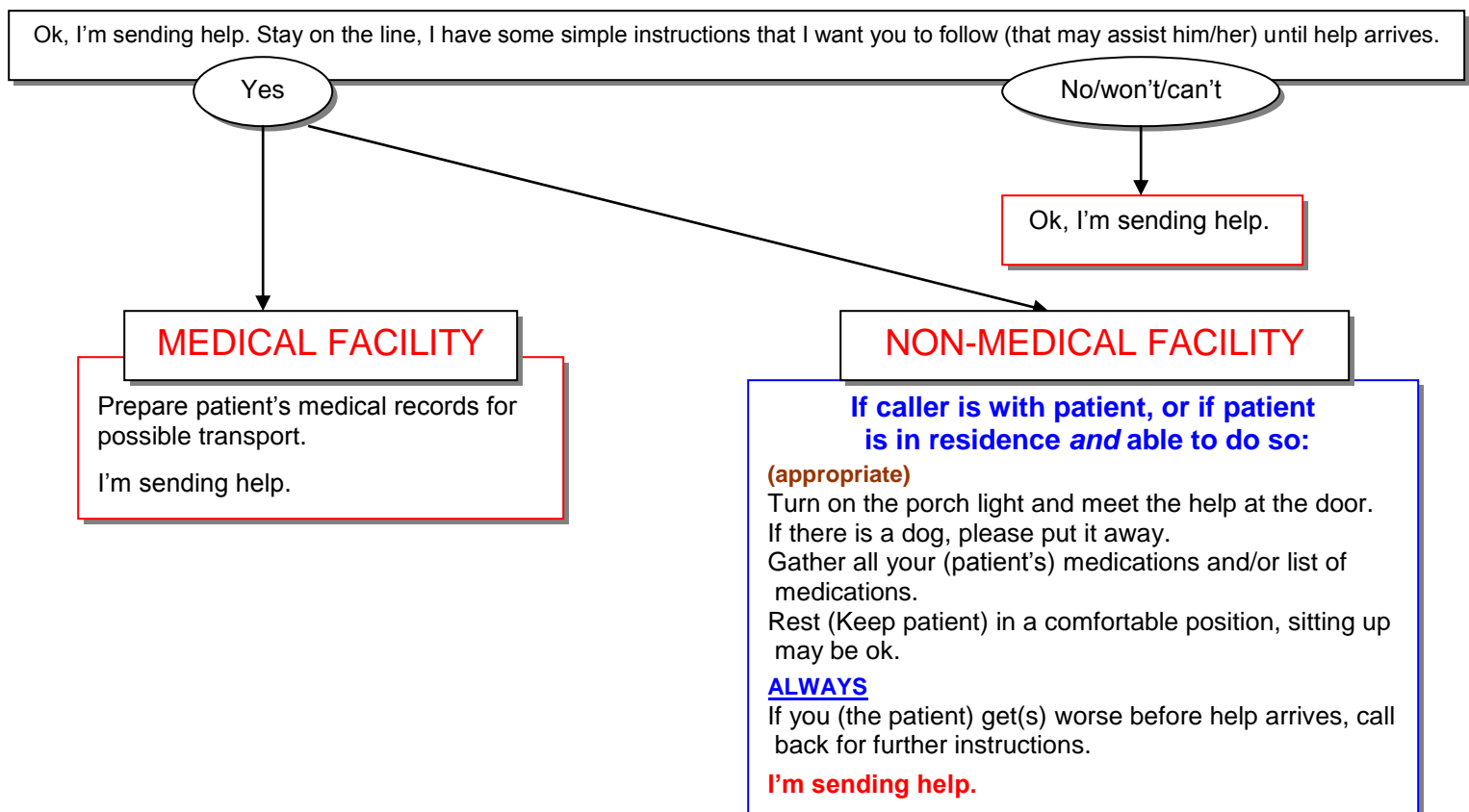
(Clarify to caller what type of response they're getting.)

ANSWER: Other ➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤➤ **See appropriate chief complaint**

1. (Listen for IV running or infusing or medication given) ----- **ALSMF**

2. (Listen for off-duty MFD or County FD members requesting Paramedics) -- **ALSMF**

PRE-ARRIVAL INSTRUCTIONS



NON-TRAUMA PAIN (BACK / ARM / NECK / JAW)

ASK: How old is the person?

1. Less than 50 / don't know -----PRINTP

ANSWER: 50 or older

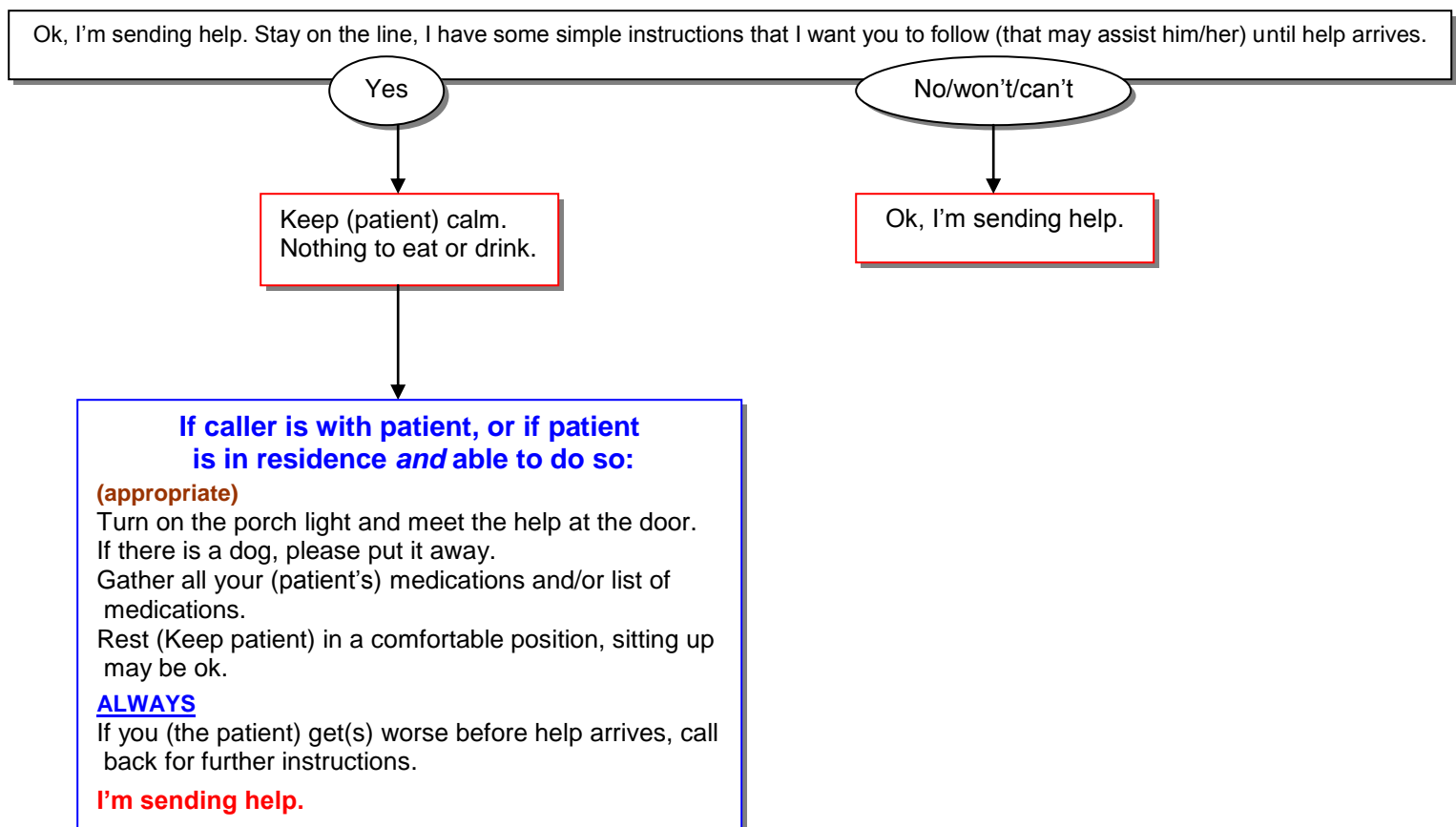
ASK: Is there any difficulty breathing, nausea, or sweating?

2. Yes -----ALSNTTP

3. No/don't know -----BLSNTP

4. (Listen for diabetic) -----ALSNTTP1

PRE-ARRIVAL INSTRUCTIONS



OVERDOSE / ALCOHOL / INTOXICATION

ASK: Does the patient have any other complaints?

[illegible]

ANSWER: No/don't know

1. (Listen for seizures) ----- **ALSOD**

(See Seizure instructions)

2. (Listen for: Detox or emergency detention) **PRIOD**

3. Other **BLSOD**

****Note**: Notify police, and consider documenting type of overdose.**

PRE-ARRIVAL INSTRUCTIONS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

Gather container or substance taken if possible.
Nothing to eat or drink.

If caller is with patient, or if patient is in residence *and* able to do so:

(appropriate)

Turn on the porch light and meet the help at the door.

If there is a dog, please put it away.

Gather all your (patient's) medications and/or list of medications.

Rest (Keep patient) in a comfortable position, sitting up may be ok.

ALWAYS

If you (the patient) get(s) worse before help arrives, call back for further instructions.

I'm sending help.

No/won't/can't

Ok, I'm sending help.

PROMPT:

Poison Control telephone numbers are:

266-2222

or

1-800-222-1222

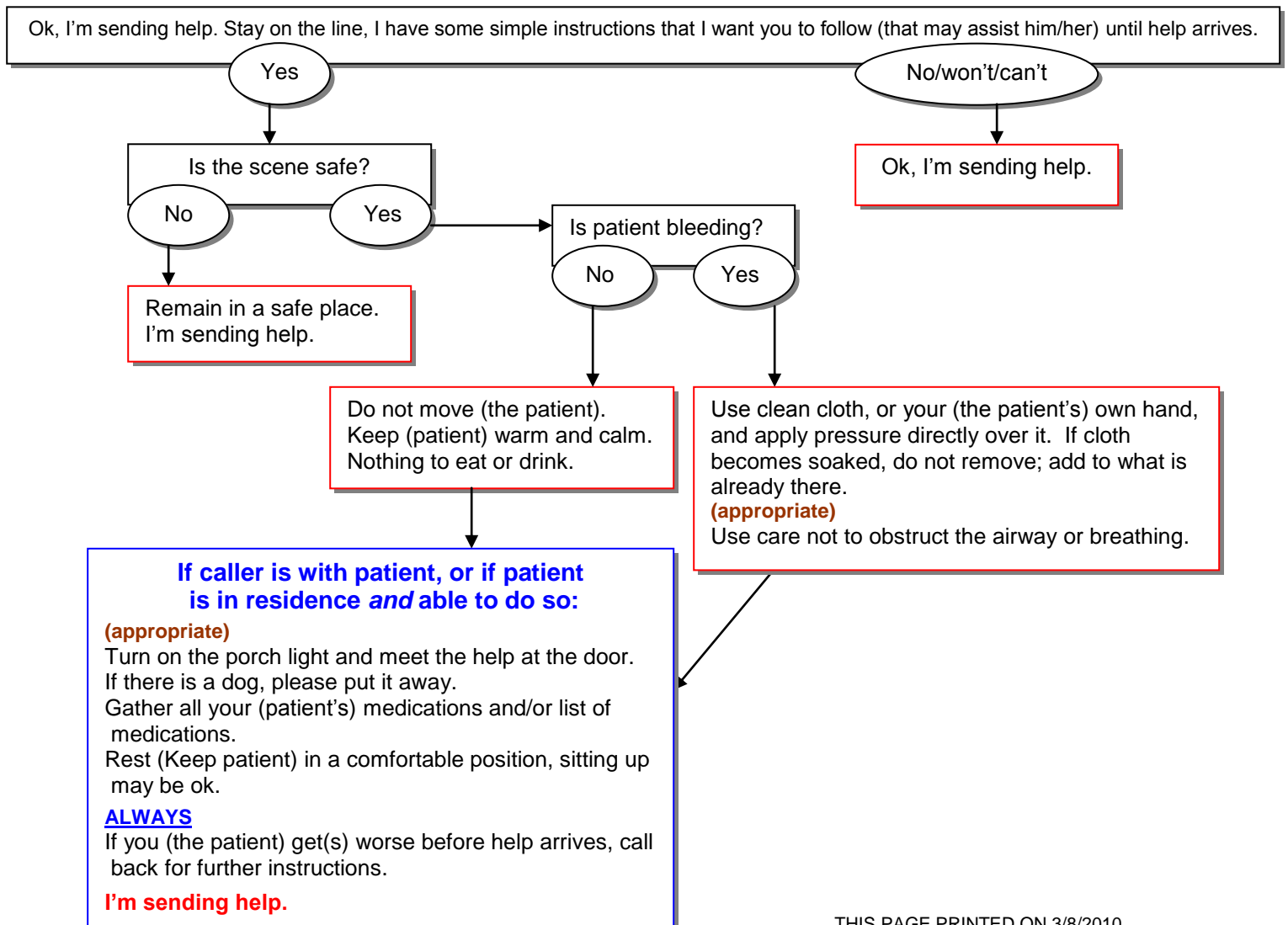
PERSONAL INJURY ACCIDENT

ASK: Where are the injuries?

1. Head, face, neck, chest, abdomen, back -----BLSPI
2. Arm / leg -----PRIPI
3. Other / don't know -----BLSPI2
4. (Listen for: pedestrian / motorcyclist / bicyclist struck by auto; auto crash resulting in person thrown from auto or death of occupant inside the auto; high-speed crash over 40 mph) -----ALSPI
5. (Listen for person trapped / roll over crash) -----AUTOX
6. (Listen for 4 or more people injured) -----AUTOM
7. (Listen for Freeway location) -----BLSEXP

****Note**:** Notify police

PRE-ARRIVAL INSTRUCTIONS



POLICE REQUEST FOR COMBATIVE PERSON

ASK: Is the patient still agitated / fighting with the police?

1. Yes ----- **ALSPRC**
2. Don't know ----- **BLSPRC**
3. (Listen for: caller with the patient) ➤➤➤➤➤➤➤➤➤➤➤ **See appropriate chief complaint**

ANSWER: No

ASK: Is anything else wrong?

- [illegible]

PSYCHIATRIC / SUICIDAL

ASK: Did the person take an overdose?

1. Yes **BLSPS**

(See Overdose instructions)

ANSWER: No / don't know

ASK: Did person try to hurt him / herself?

1. No / don't know **PRIPS**

ANSWER: Yes

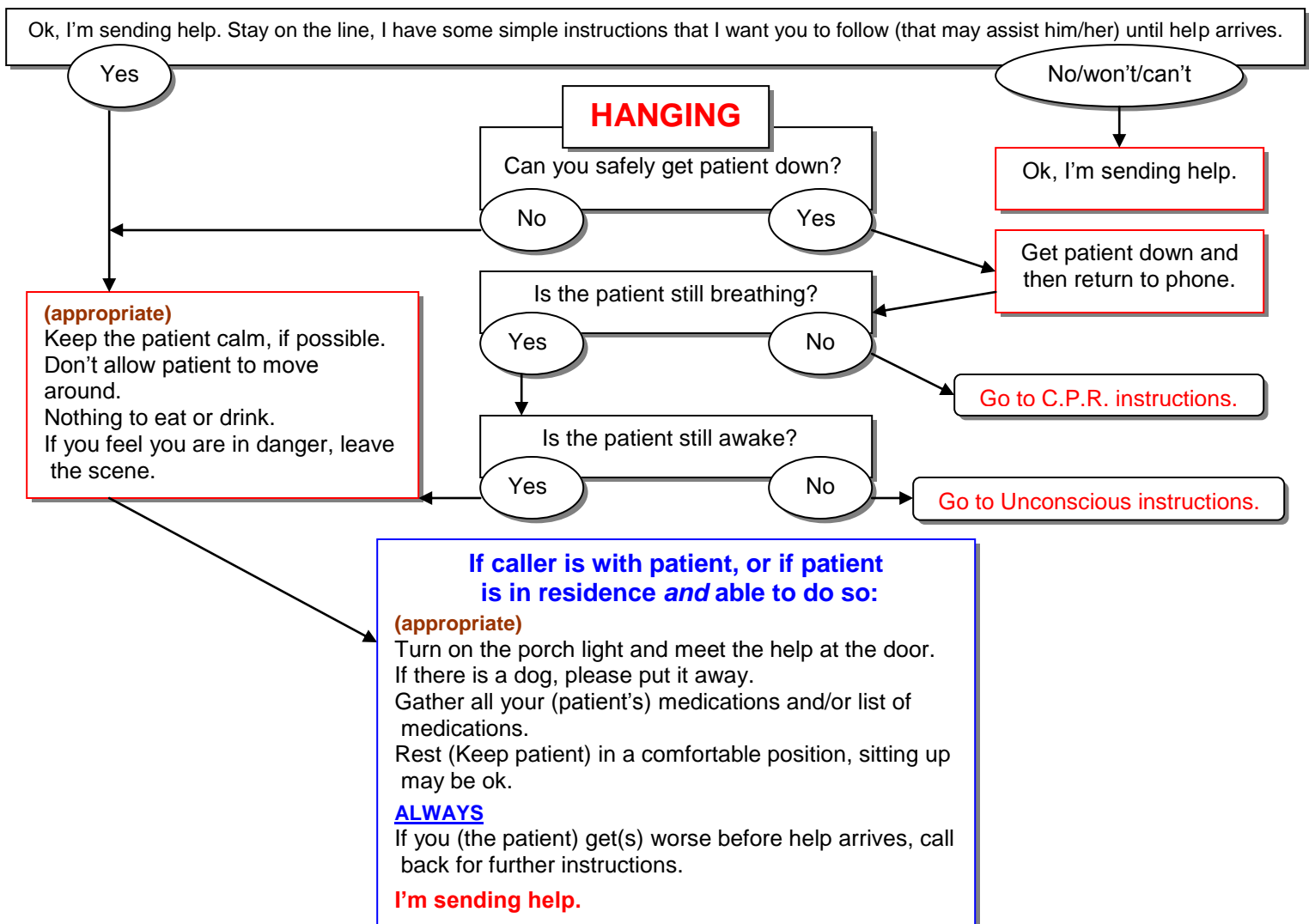
ASK: What did the person do?

1. (Listen for hanging) **BLSHG**

[illegible]

****Note**:** Notify the police

PRE-ARRIVAL INSTRUCTIONS

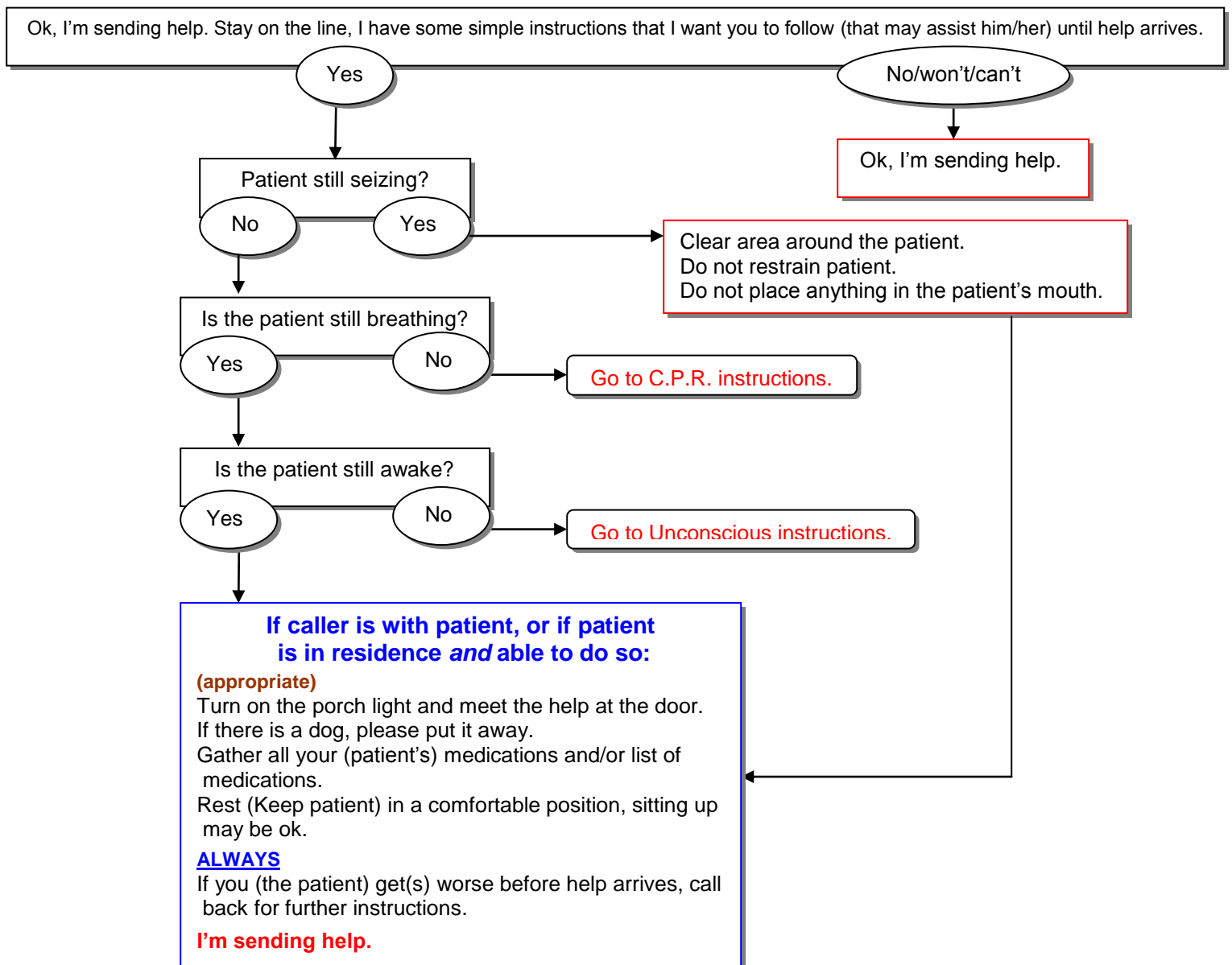


SEIZURES

ASK: Is the person still seizing?

1. Yes / don't know ----- **BLSSZ**
2. No ----- **PRISZ**
3. (Listen for: trauma, pregnancy, overdose, diabetic, back-to-back, prolonged, administered valium or diastat) ----- **ALSSZ**

PRE-ARRIVAL INSTRUCTIONS



SICK / DIZZY / VOMITING / DIARRHEA - OTHER COMPLAINT NOT LISTED

ASK: Is anything else wrong?

ANSWER:

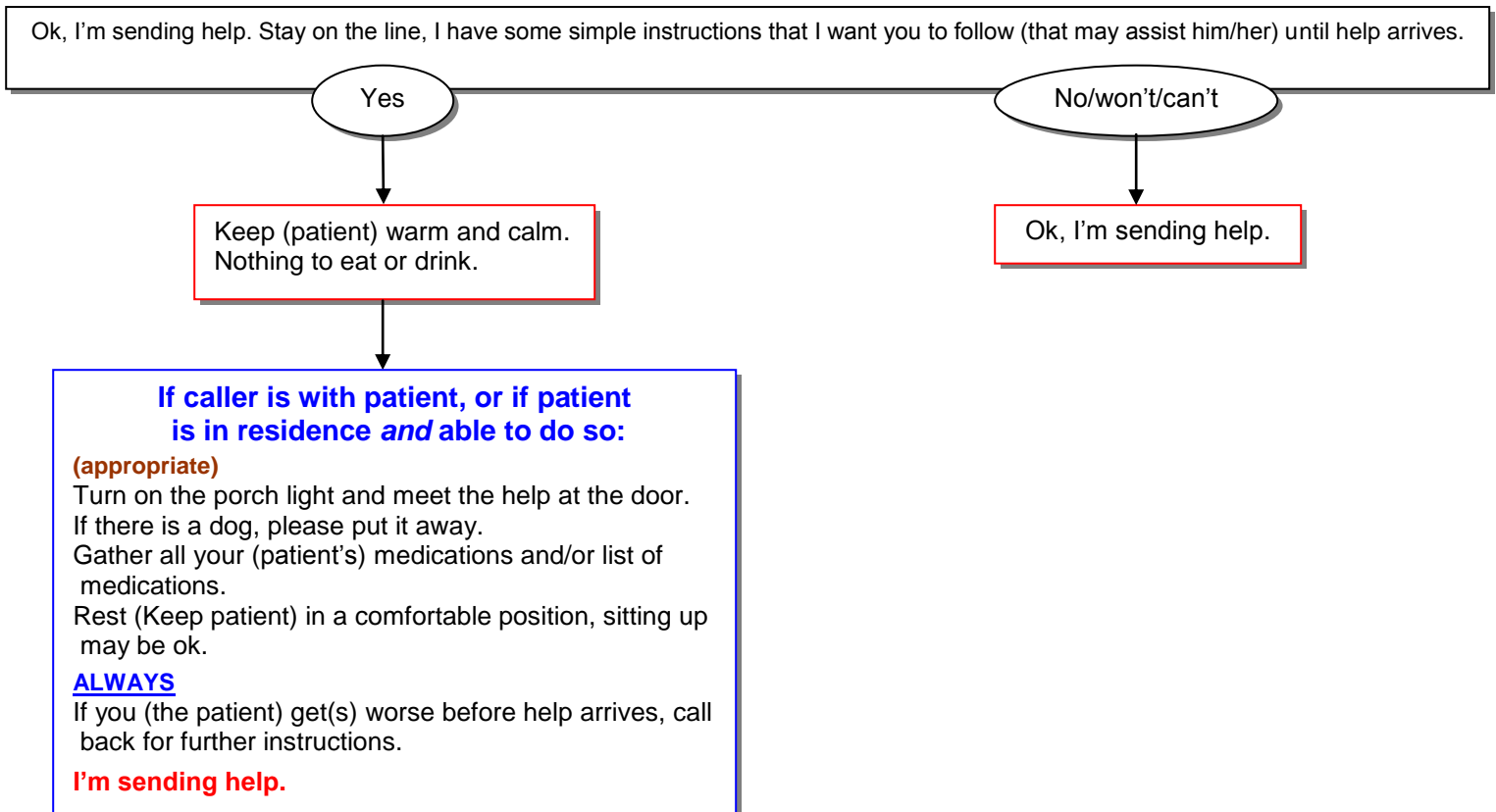
- [illegible]

ASK: How old is the person?

ANSWER:

1. 60 or older ----- **BLSSK**
2. under 60 / don't know ----- **PRISK**

PRE-ARRIVAL INSTRUCTIONS



SHOOTING / STABBING

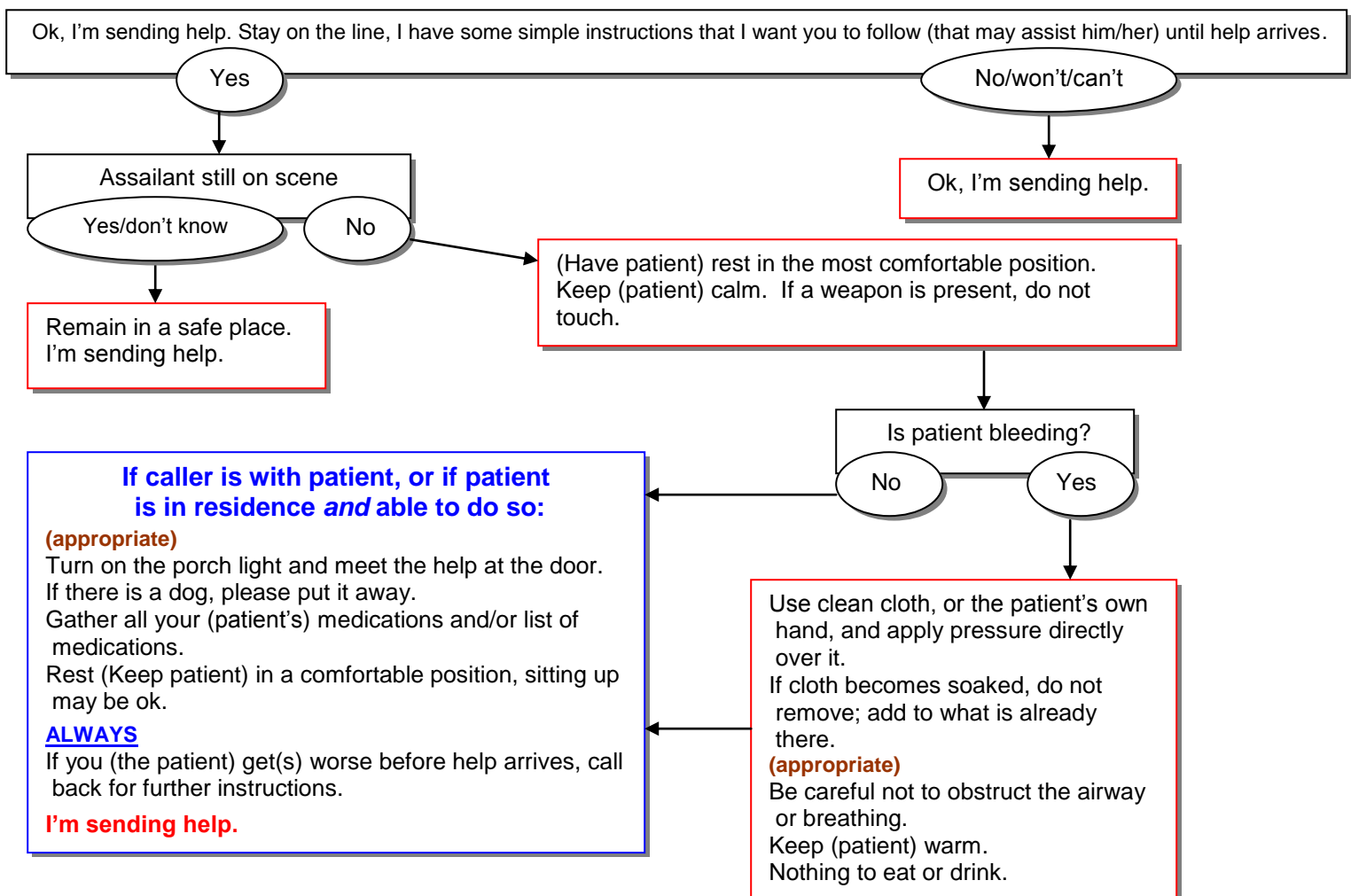
ASK: Where is the person injured?

1. Head, neck, chest, body (armpit, abdomen, back, buttocks, pelvis, groin) -- **ALSSH**
2. Arm / leg / don't know ----- **BLSSH**

ASK: Is the assailant still on the scene?

****Note**:** Notify the police

PRE-ARRIVAL INSTRUCTIONS



STROKE

ASK: Why do you think the person is having a stroke? What are the symptoms?
(Listen for: can't talk, slurred speech, can't move one side of body, face looks different [facial droop])

[illegible]

ASK: When was the person last seen to be normal without these symptoms?

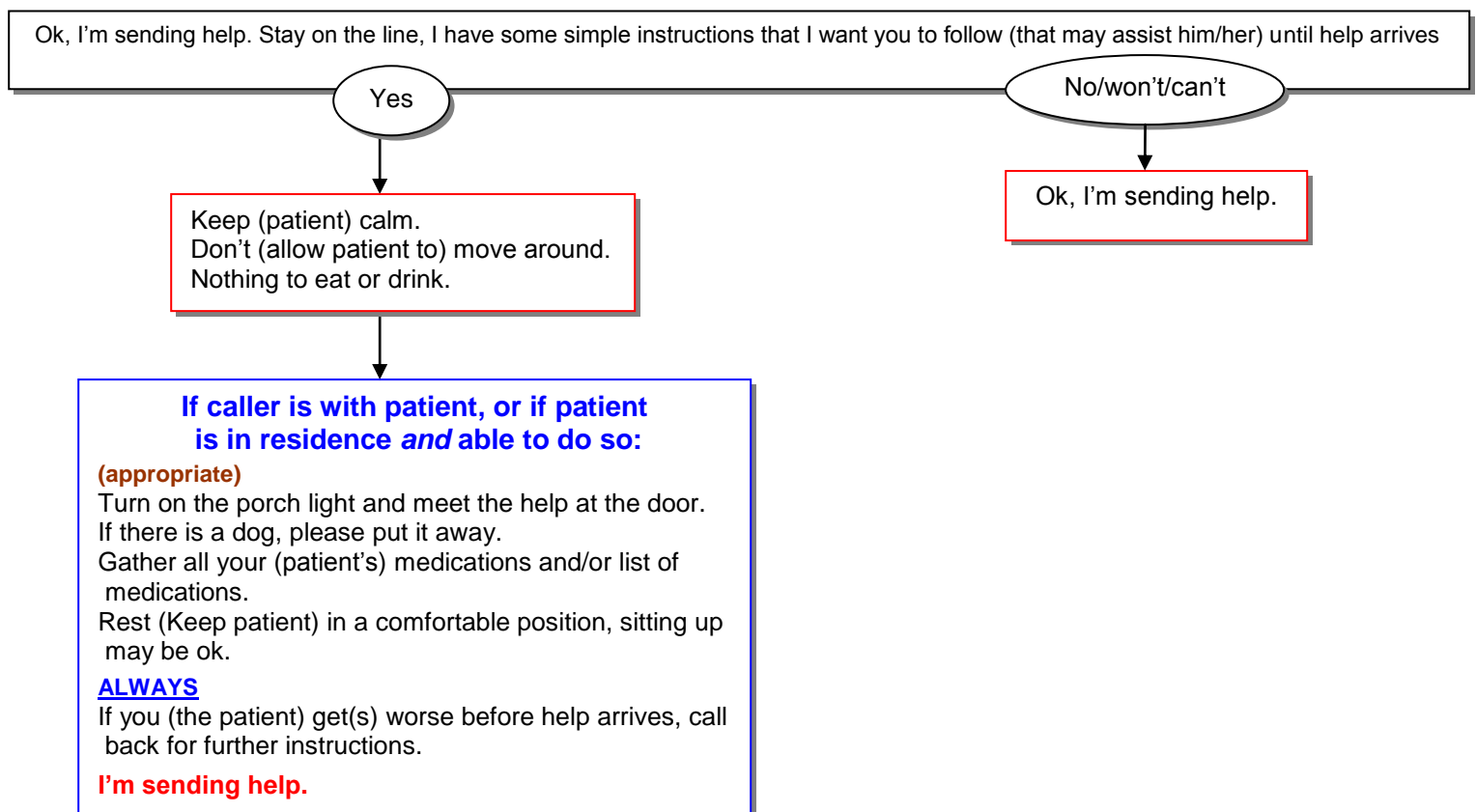
ANSWER:

1. Less than 5 hours ago ----- **ALSST**

2. More than 5 hours ago / Don't knowPRISTL

4. (Listen for diabetic) ----- **ALSST1**

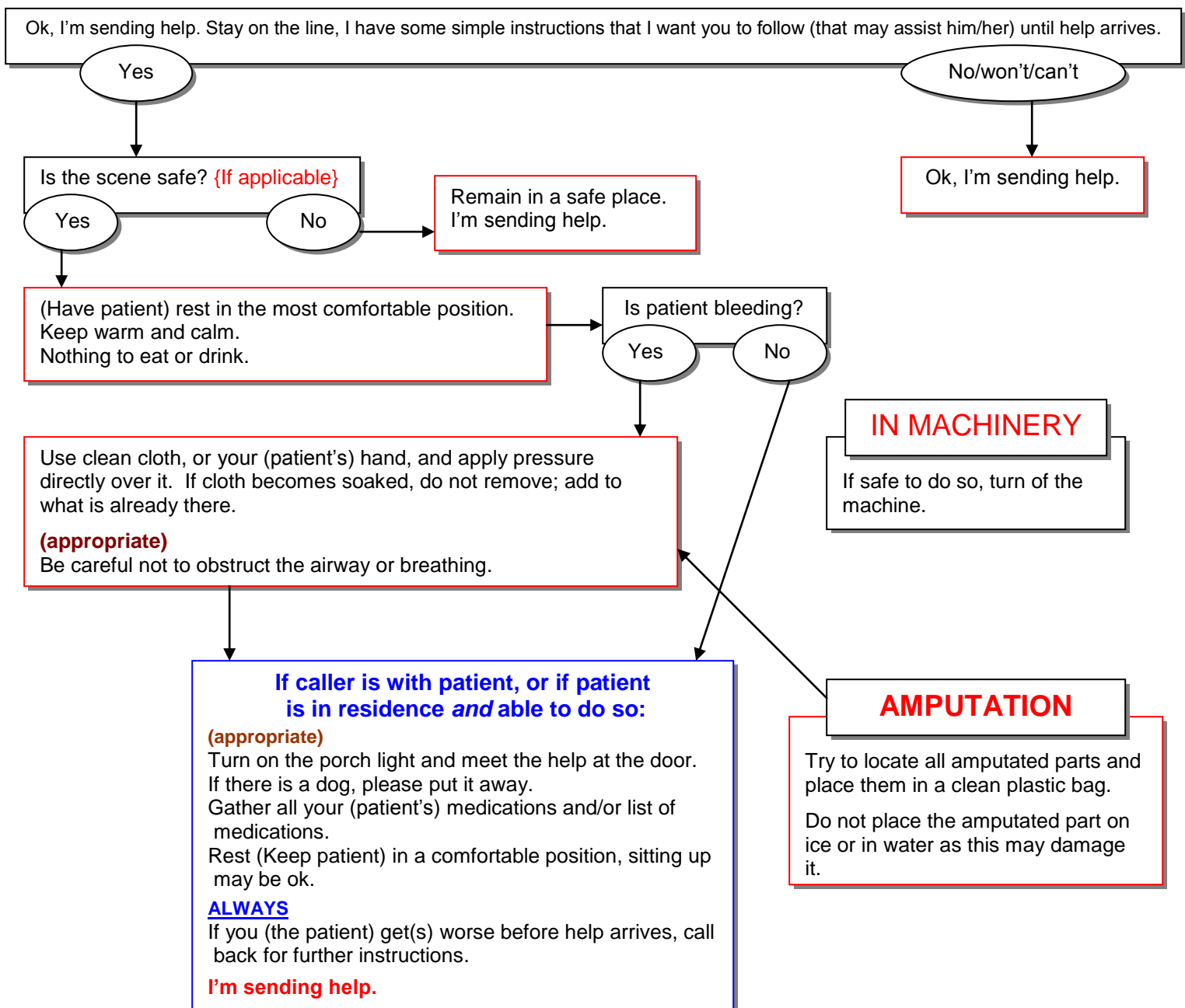
PRE-ARRIVAL INSTRUCTIONS



TRAUMA INJURY NOT OTHERWISE SPECIFIED

1. (Minor bruises, broken bones, cuts, scrapes, etc.) ----- **PRITI**
2. (Listen for other complaint) ➤➤➤➤➤➤➤➤➤➤➤➤➤➤ **See appropriate chief complaint**
3. (Listen for uncontrolled bleeding / amputation) ----- **BLSTI**
4. (Listen for seizures) ----- **ALSTI**
5. (Listen for caught in machinery) ----- **ER**

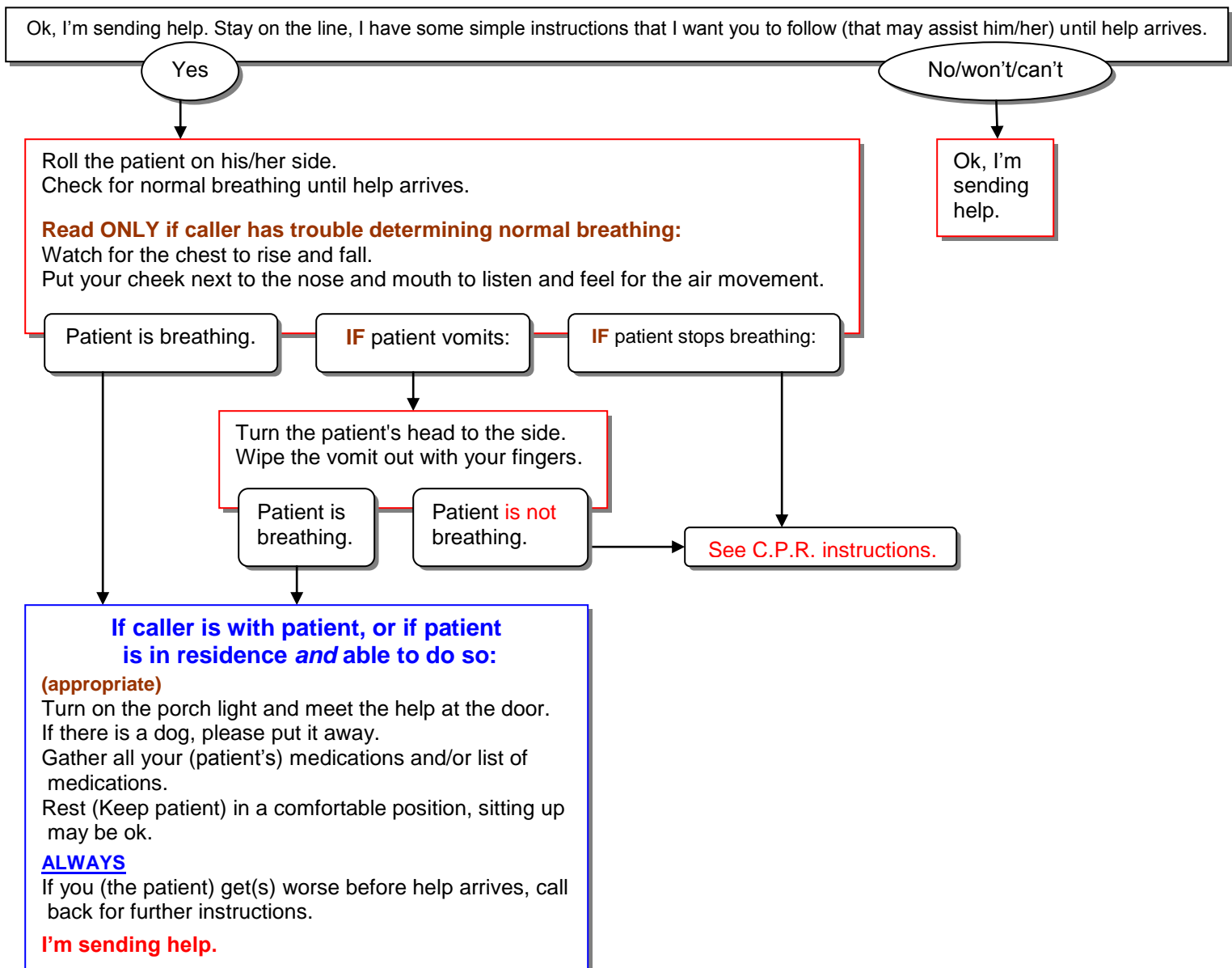
PRE-ARRIVAL INSTRUCTIONS



UNCONSCIOUS / Non-TRAUMA UNRESPONSIVE PASSED-FELL OUT / PARTY DOWN

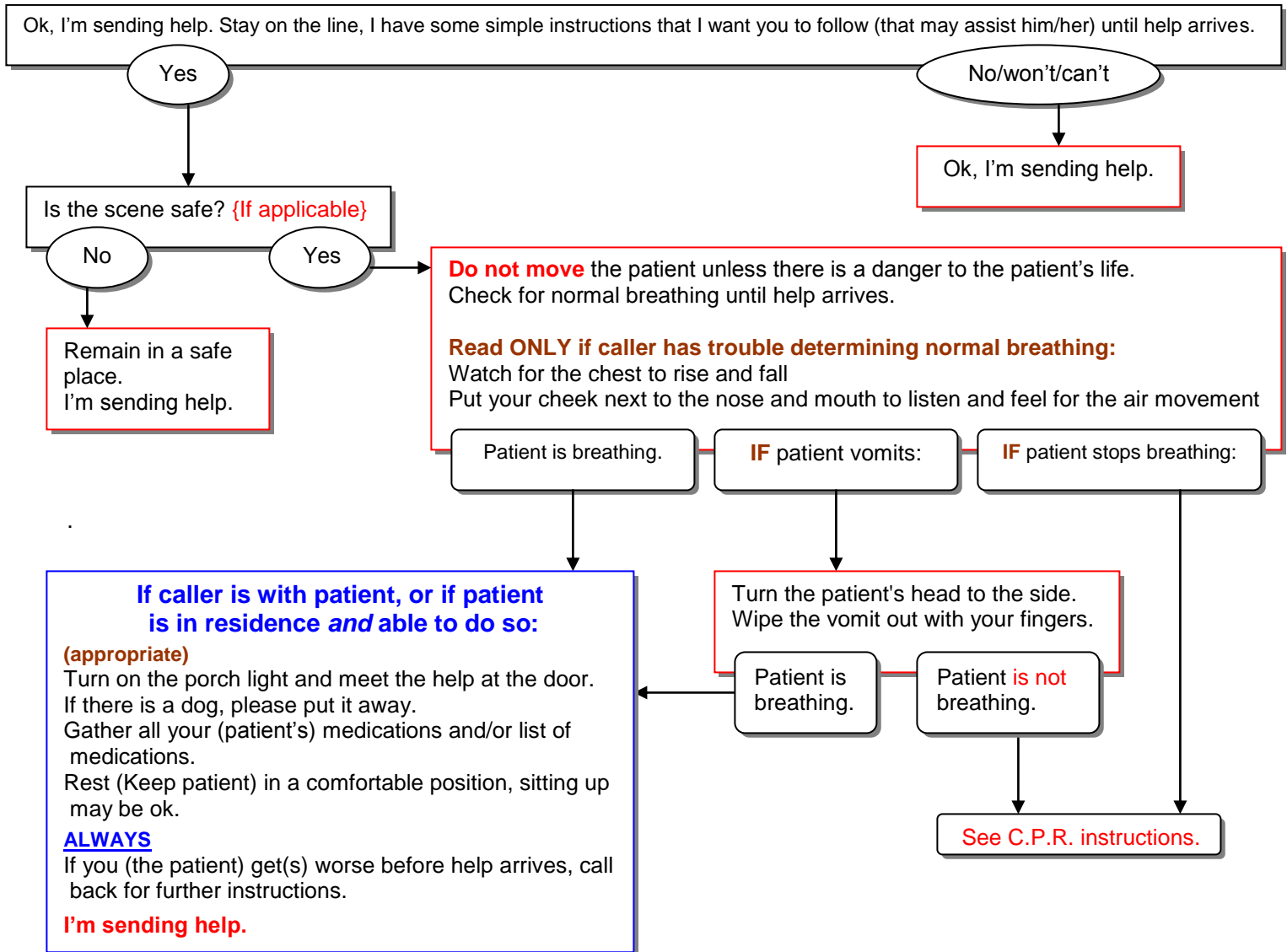
RESPONSE DETERMINED BY ALL CALLS CARD

UNCONSCIOUS *Non-TRAUMA* PRE-ARRIVAL INSTRUCTIONS



UNCONSCIOUS TRAUMA PRE-ARRIVAL INSTRUCTIONS

****Note**:** Notify the police



C.P.R. INSTRUCTIONS – BEGIN HERE FOR ALL PATIENTS

Ok, I'm sending help. Stay on the line, I have some simple instructions that I want you to follow (that may assist him/her) until help arrives.

Yes

How old is the patient?

Go to C.P.R. instructions
for the appropriate age
group.

No/won't/can't

Ok, we're sending help.

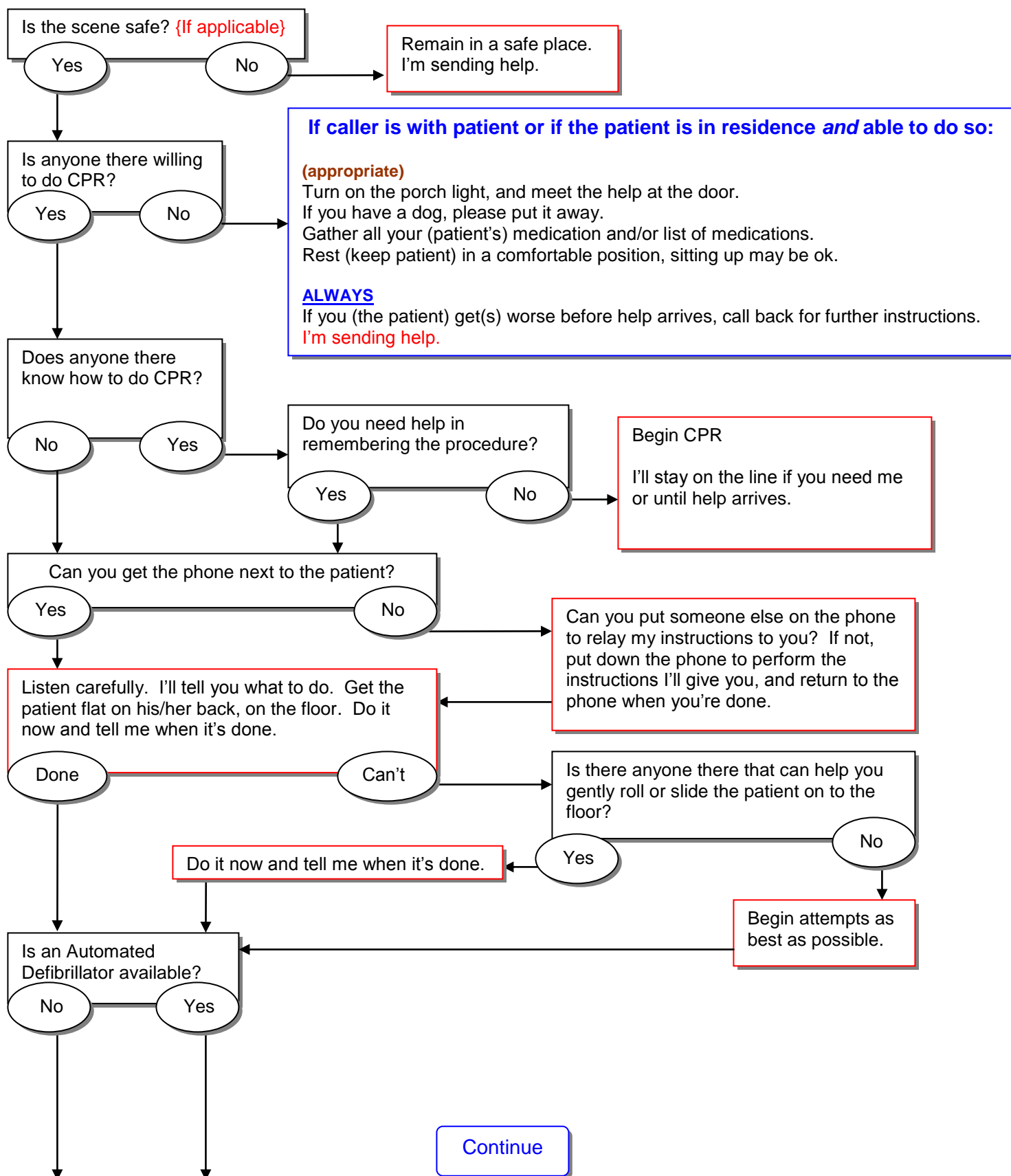
PROMPT:

If a patient under age 8 has a tracheotomy or neck stoma, instruct the caller to:

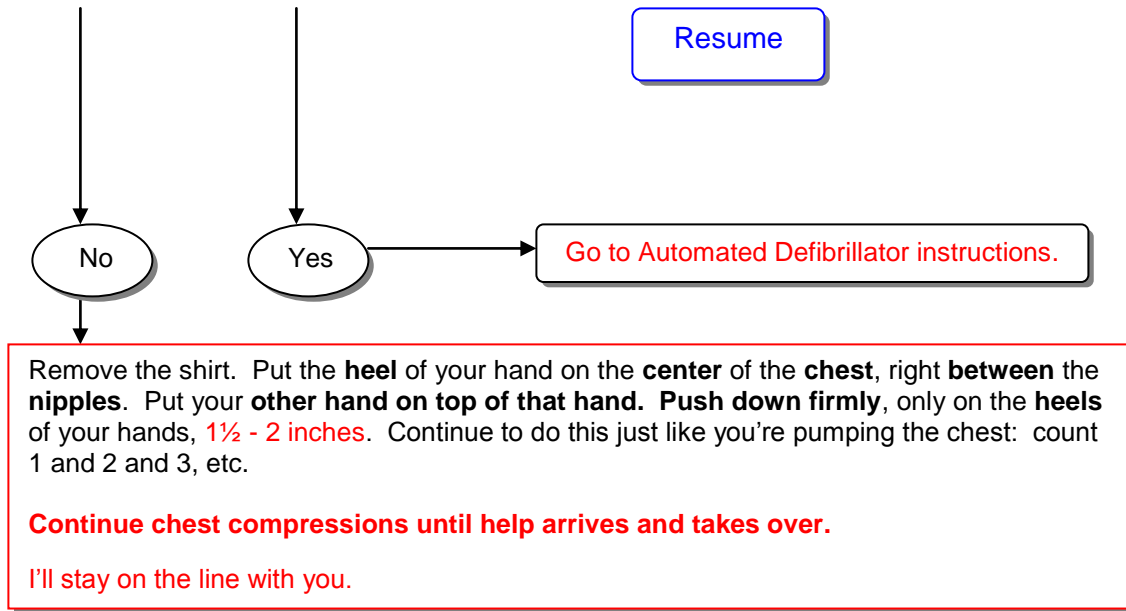
- Completely cover the **opening in the neck** with your mouth.
- Blow into the opening in the neck.

Note: The number of breaths and amount of air to be administered is unchanged from the current mouth to mouth breathing.

C.P.R. INSTRUCTIONS (Adult 8 years and older)

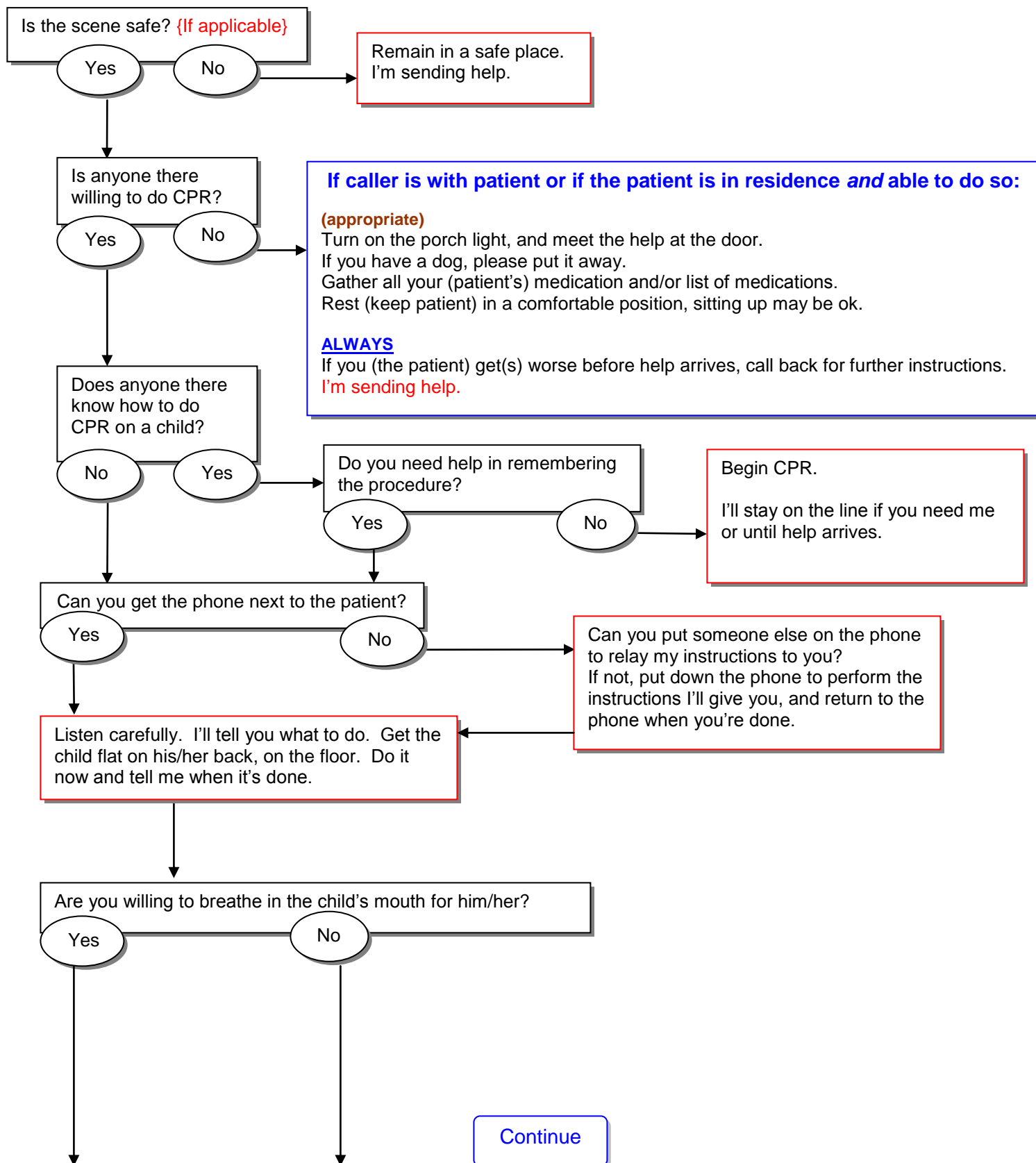


C.P.R. INSTRUCTIONS (Adult 8 years and older)

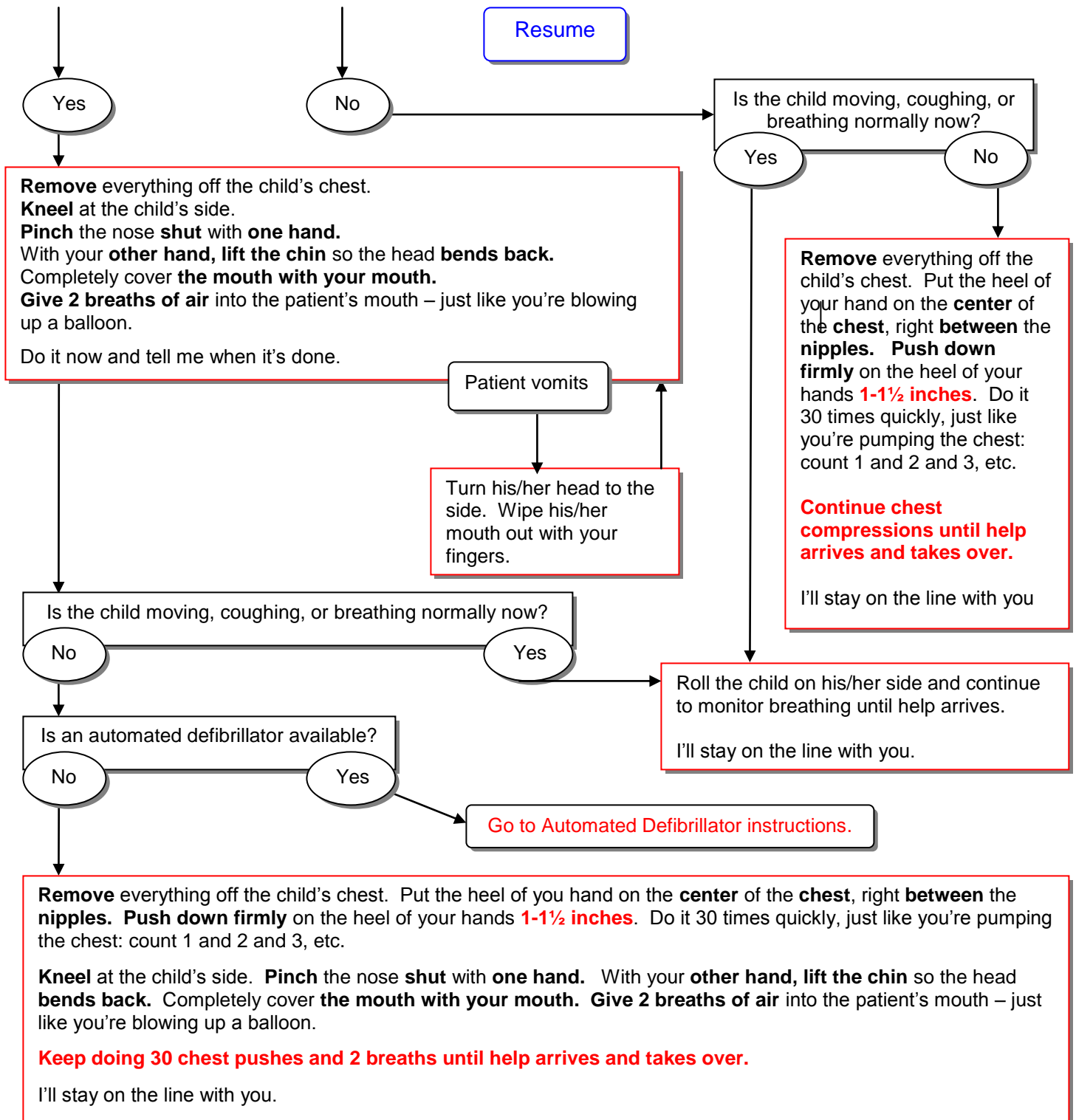


****Note**:** Continue to calm and reassure caller as needed.

C.P.R. INSTRUCTIONS (Child 1-7 years old)

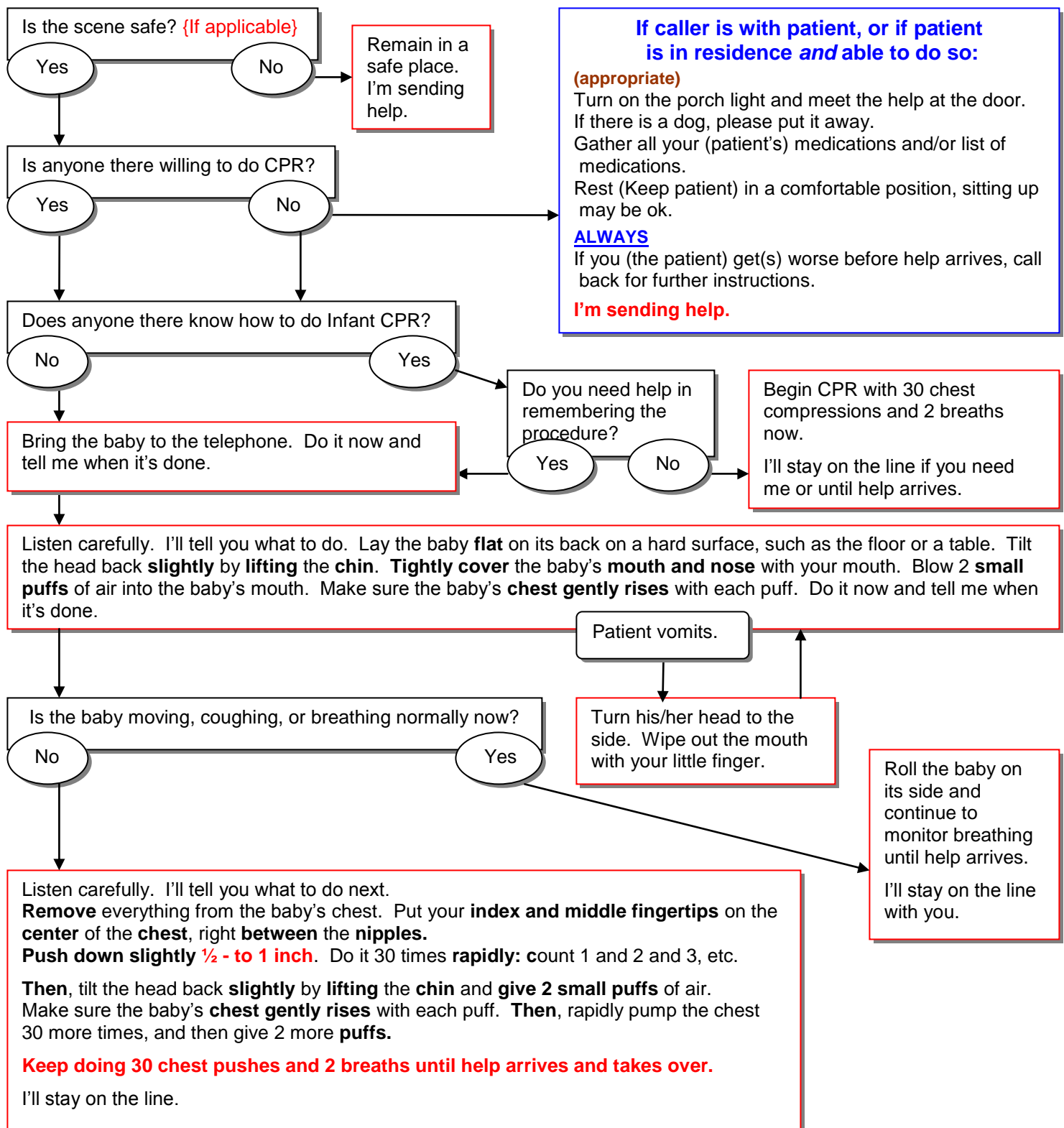


C.P.R. INSTRUCTIONS (Child 1-7 years old)



****Note**: Continue to calm and reassure caller as needed.**

C.P.R. INSTRUCTIONS (Infant less than 1 year old)



****Note**: Continue to calm and reassure caller as needed.**

AUTOMATED EXTERNAL DEFIBRILLATOR (A.E.D.) INSTRUCTIONS

Note: Appropriate to use A.E.D on patients 1 year old or older

Remove everything off the patient's chest. Make sure the patient is not in water or in a puddle.

Place defibrillator next to the patient's left side.

Open cover and/or turn on defibrillator.

Open the pad package and place pads on the patient as pictured on the pads.

Make sure the pad cords are attached to the machine.

Follow the machine's voice prompt next.

Wait for machine to analyze (push analyze button if present).

Do not touch the patient.

If the machine says "Shock patient", make sure nobody is touching the patient, and press shock button.

Follow the machine's prompts.

If the machine says "No shock indicated", return to CPR instructions.

If the machine says "Shock patient", make sure nobody is touching the patient, and press shock button **again**.

Continue following the machine's voice prompts until help arrives.

Acute myocardial infarction

Heart attack; specifically, death of the heart muscle from obstruction of its blood flow. The heart receives its blood flow through the coronary arteries.

Airway

Route for the passage of air into and out of the lung. The upper airway, or air passages above the larynx (voice box): including nose, mouth, and throat.

Anaphylaxis

The acute, generalized, severe, allergic reaction with simultaneous involvement of several organ systems, usually cardiovascular, respiratory, skin, and gastrointestinal.

Angina Pectoris

Chest pain from coronary artery disease that is brought on by excitement or exertion and often relived by rest and nitroglycerin tablet.

Apnea

Having no spontaneous breathing.

Arrhythmia

An irregular or abnormal heart beat.

Asthma

A disease of the lungs in which muscle spasms in the small air passageways and production of a large amount of mucus result in airway obstruction often causes wheezing breath sounds.

Automated external defibrillator (AED)

A portable medical device that performs a computer analysis of the patient's cardiac rhythm and is capable of delivering a defibrillatory shock when indicated. May be used by trained lay persons as part of a public access defibrillation (PAD) program.

Automated implanted cardiac defibrillator (AICD)

Device that analyzes the electrical activity of the patient's heart and, under the right condition, delivers an electrical charge to restore the heartbeat. This automated implanted cardiac defibrillator is installed inside the patient's heart chamber.

Bradycardia

Slow heart beat.

Bronchitis

The swelling and irritation of the bronchi, the airways that connect the windpipe to the lungs. May be acute (ie: a cold) or chronic (ie: repeated exposure to dust or smoke)

Burn

A lesion caused by heat, chemical or electricity exposure.

Cerebrovascular Accident (CVA), Brain Attack, Stroke

A sudden lessening or loss of consciousness, sensation, and voluntary movement caused by rupture or obstruction of an artery in the brain often showing signs of slurring speech, weakness in arm or leg, facial droop, or lack of movement.

Congestive Heart Failure

A disease in which the heart loses its ability to pump blood, usually as result of damage to the heart muscle often causing fluid build up in the lungs.

COPD (Chronic Obstructive Pulmonary Disease)

A set of breathing-related problems such as: chronic cough, spitting or coughing mucus, breathlessness upon exertion, and progressive reduction in the ability to exhale. The most common form of COPD is a combination of chronic bronchitis and emphysema that causes a loss of lung function.

Defibrillator

A battery-powered device that is used to record cardiac rhythm and to generate and deliver an electric charge to patients. There are two kinds of defibrillator, implanted cardiac defibrillator and external portable defibrillator often called an AED (Automated External Defibrillation).

Diabetes

Metabolic disorder in which the body cannot metabolize glucose, usually due to a lack of insulin.

Diaphortic / Diaphoresis

Sweaty; Profuse secretion of sweat.

Ectopic Pregnancy

A fetus that is growing outside of the uterus. Most commonly located in the fallopian tube; may cause life threatening internal or vaginal bleeding.

Emphysema

A chronic disease that slowly destroys the air sacs in the lung; most commonly caused by smoking. Patients are routinely prescribed oxygen at home.

Epi-pen

An automatic syringe that injects epinephrine (adrenaline) that may be self-administered and is used primarily to treat anaphylaxis.

Facial Droop

One side of faces does not move as well as the other side.

Full Term

The usual gestation period for the development of a baby is nine calendar months or 40 weeks. A normal, full term baby will weigh approximately seven pounds at birth. Any baby that delivers before 36 weeks gestation or weighs less than 5.5 pounds at birth is considered preterm.

Glucometer

Medical device used to measure a patient's blood sugar (glucose) level. Used frequently by diabetic patients.

Hazardous Material (Haz-Mat)

The hazardous materials may be of many different types, including chemicals, radioactive materials, and poisons, in the form of solids, liquid, or gas. The hazardous may be obvious; other times, it is not. Sometimes the dangerous nature of situation is not recognized until many people have been needlessly exposed or injured. This is particularly true in case where odorless poisonous gases or vapor have been released.

Heart Problems

The heart problems are usually referred to heart attack and other forms of heart disease, which include but not limited to acute myocardial infarction, angina pectoris, arrhythmia, bradycardia, tachycardia, congestive heart failure, cardiomyopathy, angioplasty, by-pass surgery, stent placement, pacemaker and AICD.

Hypertension

High blood pressure. In the adult, defined as over 140/90mmHg (systolic over diastolic). In the child it depends on the patient's age.

Hypotension

Low blood pressure. In the adult, defined as under 90mmHg systolic.

Labor

The process by which the muscles of the uterus open the birth canal and push the baby down and through so that it can be born.

Miscarriage (abortion)

Delivery of the fetus before 20 weeks gestation, for any reason.

Murmur:

Cardiac murmurs result from vibrations set up in the bloodstream and the surrounding heart and great vessels as a result of turbulent blood flow. The murmur can be heard by putting stethoscope over the chest wall

Pacemaker

A device, usually implanted underneath the skin of the chest, that gives off regular electrical impulses that regulate the heart rate.

Placenta Previa

The placenta is located over or very near the internal opening of the birth canal.

Preterm (Also see Full term.)

A baby who delivers before 36 weeks gestation or who weights less than 5.5 pounds at birth.

Prolonged Seizure (Also see Seizure)

A single seizure lasting longer then ten minutes or repeated seizure closely followed one another (status epilepticus) with no return of full consciousness between them.

Rectum

The lowermost end of the large intestine.

Seizure

In general, most people take the term "seizure" to mean generalized, uncoordinated muscular activity usually with loss of consciousness. However, seizures occur in a variety of forms from a severe convulsion to simply "blacking out" for a few seconds. Many seizures are followed by a postictal state of sleeping or unconsciousness that last for a varying length of time.

Stoma

An artificial permanent opening made by a surgical procedure most commonly in the abdominal wall or neck.

Syncope / Syncopal episode

Fainting; Loss of consciousness resulting from insufficient blood flow to the brain.

Tracheostomy

A surgical opening in the neck that allows direct access to the trachea (windpipe) through which a patient can breath.

Tachycardia

Rapid heart beat.

Toxemia of Pregnancy

Toxemia of pregnancy is defined as the onset of hypertension, leg edema, and protein in urine after the 20th week of pregnancy. Pre-eclampsia is toxemia without the presence of seizures. If seizures occur in a toxemic patient without other apparent cause, the condition is then termed eclampsia. Toxemia occurs most commonly in young first time pregnant and older women after many pregnancies. The syndrome usually disappears after delivery.

Ventilator

A mechanical device that moves air into and out of the lungs. Often portable and battery operated.

Ventricular Assist Device (VAD)

An external electric pump that is connected to the large vessels of the heart which provides for enhanced blood flow most commonly used in patients awaiting a heart transplant.

Vomiting

Disgorging the contents of the stomach through the mouth.

Vomit

Vomited material.

Wheeze

A high-pitched, whistling breath sound characteristically heard on expiration in patients with asthma.

Other Guidelines

1. Heart murmur and high blood pressure (hypertension) are not considered a "heart problem"
2. Infant: 0-1 years
3. Child: 2-7 years
4. Adult 8 years or older

TIME AND INTERVAL DEFINITIONS

[All time collection elements are HHMM.SS without a colon in the field]

1. **Date Incident Reported** - The date the call is first received by the dispatch center. The recommended date format is YYYYMMDD to permit sorting across multiple years. This format is also recommended for data export purposes.
2. **Time Incident Reported** - The time the call is first received by the dispatch center. This provides the start point of the EMS response.
3. **Time Dispatch Notified** - Time of the first connection with EMS dispatch. This provides the start point of the dispatch component of the EMS response.
4. **Time Unit Notified** - The time the response unit is notified by EMS dispatch. This permits measurement of the actual responder response or delays.
5. **Time Unit Responding** - The time that the response unit begins physical motion. This permits measurement of the delay between notification of EMS responder and the actual mobilization of the response unit.
6. **Time of Arrival at Scene** - The time the unit stops physical motion at scene (*last* place that the unit or vehicle stops prior to assessing the patient). This permits measurement of the time required for the response vehicle to go from the station to the scene.
7. **Time of Arrival at Patient** - The time response personnel establish direct contact with the patient. In certain situations there may be a significant delay between the time at which a response unit arrives at the scene and the time at which the personnel can access the patient.
8. **Time Unit Left Scene** - The time when the response unit began physical motion from the scene. This permits the calculation of scene time by subtracting the time of arrival at scene from the time unit left scene.
9. **Time of Arrival at Destination** - The time when the patient arrives at the receiving hospital. This permits the calculation of the time required to go from the scene to the receiving hospital.
10. **Time Back in Service** - The time the response unit is back in service and available for another response. This allows for planning of EMS resources, by assessing the delay between arrival at the receiving hospital and availability of the response unit
11. **Time Back in Quarters** - Not a Uniform Data Set element, but may be kept by the departments. The time the response unit stops physical motion after returning to the station.
12. **Response Time** - Not a Uniform Data Set element, but is kept by all departments within the Milwaukee County EMS system. This is measured by calculating the difference between the *Time Incident Reported* and the *Time of Arrival at Scene*.

RESPONSE DEFINITIONS (minimum)

[Send the next highest response if any inconsistency or confusion with the caller's information]

PRI: EMT-B with or without AED or advanced skills. Response time 12 minutes 59 seconds or less, 90% of time.

BLS: EMT-B with AED and advanced skills. Response time 4 minutes 59 seconds or less, 90% of time.

MED: EMT-P with simultaneous, closest **BLS** unit. Response time 9 minutes 59 seconds or less, 90% of the time.

NON LIGHTS AND SIREN ADDENDUM

THESE DISPATCH GUIDELINES CAN BE ADOPTED FOR USE IN NON-LIGHTS AND SIREN RESPONSE.

All **ALS** responses are **lights and siren**.

All **BLS** responses are **lights and siren**.

All **PRI** responses **EXCEPT for stroke (PRISTL)**, will be **non-lights and siren**

For all non-lights and siren response, callers shall be provided with the following information

"We are sending help. The ambulance will be arriving without its lights and siren."